

# District School Transportation Monitoring Self-Evaluation



July 2018 Edition



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Please return all completed District School Transportation Monitoring Workbooks and required documentation to:

Florida Department of Education  
School Transportation Management Section (STMS)  
325 West Gaines Street, Suite 834  
Tallahassee, Florida 32399-0400

For immediate assistance with this workbook, contact the STMS staff at [SCHTRANS@fldoe.org](mailto:SCHTRANS@fldoe.org) or 850-245-9795.

## Charter Schools and Contracted Transportation Providers Questionnaire

A. For each charter school that provides student transportation in school buses, please provide the following information:

Charter School	Transportation Provider	Number of School Buses Serving Charter School	Charter School's Transportation Contact Information (name, phone, email)

B. For each private contractor providing transportation to district and/or charter school students in school buses (including any provider listed above that is a contractor), please provide the following information:

Private Contractor	Number of School Buses in Contractor's Fleet	Contractor Contact Information (name, phone, email)

## **School Transportation Evaluation Criteria**

### **School Bus Evacuation Drills**

- Documentation was sufficient to confirm that all students who regularly ride a school bus and all persons qualified to transport students participated in emergency evacuation drills on school buses serving the school during the first six weeks of each semester, and all passengers on field and school activity trips received instructions on the location and proper use of emergency exits prior to such trips in accordance with rule 6A-3.0171, Florida Administrative Code (F.A.C.).

### **School Bus Loading Zones**

- Vehicular and pedestrian traffic shall be prevented from crossing each other on the site, or appropriate safety devices shall be provided where vehicular and pedestrian traffic cross, as required by chapter 5(2)(f)8.b. of the [State Requirements for Educational Facilities](#) (SREF).

### **School Bus Operator Qualifications**

- All persons who drove school buses transporting district students met the requirements of law and State Board of Education rules related to licensure, training, qualifications and requests for driving history records pursuant to sections 1012.32, 1012.45 and 1012.465, F.S., and rules 6A-3.0141 and 6A-3.0171, F.A.C.

### **School Bus Inspection Records**

- There was a system of record keeping verifying that all school buses were inspected in accordance with sections 1006.22(10), 1006.22(11) and 1006.25, F.S., and rule 6A-3.0171, F.A.C.

### **Special Needs Transportation**

- Documentation was sufficient to confirm that all operators and attendants transporting students with disabilities were provided the appropriate training to meet the students' needs based on the students' individual educational plans (IEPs), and the transportation services for each student were in compliance with his/her IEP. Observation and inspection confirmed that the school bus equipment used to meet each student's IEP was in compliance with the Florida School Bus Specifications, and the equipment was being used properly by the operators and/or attendants (Individuals with Disabilities Education Act, 34 Code of Federal Regulations (CFR) Parts 300.323(c)(2) and 300.323(d)(1)-(2); Family Education Rights and Privacy Act, 34 CFR Parts 99.31 and 99.33; Head Start Transportation Regulation, 45 CFR Part 1310; section 1003.57, F.S.; National Highway Traffic Safety Administration Guideline for the Safe Transportation of Preschool Age Students on School Buses; and National School Transportation Specifications and Procedures, Revised 2015).

### **District Policies and Procedures**

- Districts must provide documentation verifying that they have developed and implemented policies and procedures for:
  - Cell phone use;
  - School bus engine idling;
  - Safe rider instructions; and
  - Safe driver plan.

Attach a copy of each policy to be returned with this self-evaluation document.

## School Bus Evacuation Drills and Field/Activity Trip Instructions

### Procedures for Completing the Self-Evaluation

The school principal or designee for every school and program receiving school bus service, including charter schools, must complete the enclosed **In-District School Bus Evacuation Drills Certification Form**. The complete school name, as listed in the Master School Identification Database (MSID) at <http://doeweb-prd.doe.state.fl.us/EDS/MasterSchoolID/>, should be used to identify all schools that may require school bus evacuation drills. Districts should also identify any additional program sites or locations that are not listed in the MSID to which students are transported in school buses.

The district must include with the self-evaluation a list of all schools, including charter schools, that do **not** receive school bus service. Please use the complete school name from the MSID (no abbreviations).

The transportation director of the home district and/or the principal of each out-of-district school must complete the enclosed **Out-of-District School Bus Evacuation Drills Certification Form**, for students transported to out-of-district schools.

The district must ensure that all passengers on field and activity trips receive instruction in evacuation procedures prior to each trip pursuant to rule 6A-3.0171, F.A.C. Please include a copy of the district's policies and procedures with the self-evaluation. The supplied information must also document communication of the policies and procedures to all operators who transport passengers on field and activity trips.

### Compliance Determination

Any evacuation drill deficiency for any school or program location served by a school bus is considered noncompliance and requires submission of a Corrective Action Plan (CAP). Following are examples of deficiencies:

- School bus evacuation drills were not performed within the first six weeks of each semester for any school or location that receives transportation service, or documentation was not available.
- All buses serving a school or location and the regular riders were not included in the evacuation drill process.
- No field and activity trip instruction policies and procedures exist and/or they are not being effectively communicated to operators who drive for such trips.

### Corrective Action Plan

A CAP, including required dates and signatures, as outlined on the enclosed **School Bus Evacuation Drills Corrective Action Plan Form**, must be submitted for every school or program location that has deficiencies as outlined above.

In addition, a CAP must be submitted on district letterhead for noncompliance with the field and activity pre-trip evacuation instruction requirement (e.g., no policies exist and/or they are not being communicated to operators). The CAP must include a summary of the deficiencies and measures the district will take to prevent future noncompliance.

**Attestation**

The superintendent or designee should ensure that these school bus evacuation drill self-evaluation procedures are completed and documented as follows:

- A completed **In-District School Bus Evacuation Drills Certification Form** for each school and program location receiving school bus service;
- A completed **Out-of-District School Bus Evacuation Drills Certification Form** for each school, as applicable;
- A list of all schools **not** receiving school bus service;
- A copy of the district’s **Field and Activity Trip Evacuation Instruction Procedures**;
- All required **Corrective Action Plans**, as applicable; and
- A copy of this page with the completed attestation below.

Attestation of Completion

I attest that the *School Bus Evacuation Drills and Field/Activity Trip Instruction* monitoring self-evaluation criterion has been properly completed and, to my knowledge, is accurate:

District Name \_\_\_\_\_

Name \_\_\_\_\_  
(printed name of superintendent or designee)

Signature \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_







**School Bus Evacuation Drills  
Corrective Action Plan**

District \_\_\_\_\_ MSID # \_\_\_\_\_

School/Program Name \_\_\_\_\_  
(No Abbreviations)

A CAP may apply to multiple schools if the schools had identical deficiencies. In this case, identify all of the applicable schools above.

Summary of Deficiencies:

Corrective Actions:

Person(s) Responsible:

Anticipated Completion Date:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## School Loading Zones for Buses

### **Procedures for Completing the Self-Evaluation**

The school principal or designee for every school and program, including charter schools, receiving school bus service must complete a school bus loading zone evaluation for each loading zone at the school or program location using the attached **School Loading Zone Procedures/Evaluation Worksheet**. All items on the form are to be evaluated and the results recorded.

School districts should use the MSID to identify any and all schools that may require a school bus loading zone review. Districts should also identify any additional program sites or locations not listed in the MSID to which students are transported in school buses.

The district must include with the self-evaluation a list of all schools, including charter schools, that do **not** receive school bus service. Please use the complete school name as found in the MSID (no abbreviations).

### **Compliance Determination**

Any school bus loading zone deficiency at any school or program location served by a school bus is considered noncompliance and requires submission of a CAP.

### **Corrective Action Plan**

A CAP, including required dates and signatures as outlined on the attached **School Loading Zone for Buses Corrective Action Plan Form**, must be submitted for every school or program location that has deficiencies.

**Attestation**

The superintendent or designee must provide the following documentation demonstrating that these school bus loading zone self-evaluation procedures are followed:

- A completed **School Loading Zone Procedures/Evaluation Worksheet** for each school and program location receiving school bus service;
- A list of all schools **not** receiving school bus service;
- All required **Corrective Action Plans**, as applicable; and
- A copy of this page, with the completed attestation below.

Attestation of Completion

I attest that the *School Loading Zones for Buses* monitoring self-evaluation criterion has been properly completed and, to my knowledge, is accurate:

District Name \_\_\_\_\_

Name \_\_\_\_\_  
(printed name of superintendent or designee)

Signature \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_

## School Loading Zone Procedures/Evaluation Worksheet

The school principal or designee for every school and program location, including charter schools, served by one or more school buses must complete this worksheet. All items on this form are to be evaluated and the results recorded. A copy of this completed form must be forwarded to the school district transportation department.

DISTRICT \_\_\_\_\_

SCHOOL \_\_\_\_\_

(No Abbreviations)

MSID # \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

	√ = Met Standard	X = Standard Not Met	N/A = Not Applicable
Status Code √ X N/A	Review Item		Comments
	Supervisors were present and actively involved in the monitoring of students while unloading or loading the school buses. Number of supervisors present: (_____)		
	No students were observed walking between or around school buses or other vehicles parked or moving in the school bus loading zone.		
	Traffic was monitored to ensure an orderly and safe flow of vehicles in the school bus loading zone and signage was enforced.		
	Vehicle and pedestrian traffic are prevented from crossing each other on the site or appropriate safety devices are provided where vehicular and pedestrian traffic crosses, in accordance with <i>Florida Building Code</i> (FBC), section 423.10.2.5. The FBC publication is available at: <a href="https://www.floridabuilding.org/bc/bc_default.aspx">https://www.floridabuilding.org/bc/bc_default.aspx</a> .		
	No faculty, parent or other private vehicles were observed parked or moving in the school bus loading zone.		
	Adequate supervision was provided whenever students were required to wait at the loading zone for buses to arrive.		
	Signage was posted to restrict non-bus traffic during bus loading/unloading and to specify entrance/exit or direction of travel.		
	Bus driveways and drop-off/pickup areas are provided so that buses do not have to back up, in accordance with the SREF, chapter 5(2)(f)9.b.		
	Location or layout of the school bus loading zone does not create any hazard for students or vehicular traffic.		
	The design reflects consideration for the drop-off and pickup of disabled students, in accordance with section 1013.37(1)(d), F.S.		
	A protective covered area was provided for school bus student drop-off and pickup during inclement weather.		

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**School Loading Zone for Buses Corrective Action Plan**

District \_\_\_\_\_ MSID # \_\_\_\_\_

School Name \_\_\_\_\_  
(No Abbreviations)

Summary of Deficiencies:

Corrective Actions:

Person(s) Responsible:

Anticipated Completion Date:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## School Bus Operator Qualifications

### Procedures for Completing the Self-Evaluation

This criterion is based on the evaluation of the licensure, training, qualifications and driving history records for a sample of school bus operators picked from all operators available to transport students, including operators employed by school districts, charter schools and independent contractors. The district must evaluate records for the sample of operators using the attached **School Bus Operator Qualifications Evaluation Worksheet** and instructions.

Ensure that the top portion of each **School Bus Operator Qualifications Evaluation Worksheet** is completed to identify the applicable entity (e.g., the district, charter school or contractor).

**NOTE: Do not include any confidential information for any operator in the sample. All social security numbers, driver license numbers and any other confidential information must be properly redacted from any lists or backup documentation submitted.**

### Sample Size

The following sample size must apply to each individual entity, e.g., district operators, charter school operators and contractor operators. The total number of school bus operators in the overall sample must be used to determine the district's performance and compliance.

The minimum sample size is 10 percent of the school bus operators in each of the following three categories: 1) regular, 2) substitute and 3) others (to include any administrators, teachers, coaches, volunteers and technicians who transport students in school buses), except that no fewer than five operators per category must be selected (when there are at least five), and no more than 25 operators per category are required.

### Performance Determination

Upon completion of the records review, the district must determine its performance using the attached **School Bus Operator Records Performance Determination Worksheet** (a sample worksheet is provided).

### Compliance Determination

Compliance with this criterion is based on a minimum performance level of 95 percent. Additionally, if more than 50 percent of the operators in the sample have identical deficiencies, then the district is non-compliant and must submit a CAP.

**NOTE: If any operator(s) in the sample or otherwise lacks the required qualifications, then he/she must not transport students until such requirements are met.**

### Corrective Actions

A CAP, as outlined in the attached **School Bus Operator Qualifications Corrective Action Plan**, must be submitted when noncompliance exists. The CAP must include a summary of the deficiencies and measures the district will take to prevent future noncompliance.

**Attestation**

The superintendent or designee must provide the following documentation demonstrating that these school bus operator self-evaluation procedures are completed:

- A list of all school bus operators included in an approved federal drug and alcohol testing program (please omit social security numbers, driver’s license numbers and any other confidential information);
- A completed **School Bus Operator Qualifications Evaluation Worksheet** for all operators in the sample;
- Required backup documentation, as identified in the following instructions and the enclosed **School Bus Operator Qualifications Evaluation Worksheet**, for all operators in the sample;
- A completed **School Bus Operator Records Performance Determination Worksheet**;
- All required **School Bus Operator Qualifications Corrective Action Plans**, as applicable; and
- A copy of this page with the completed attestation below.

**NOTE: Do not include any confidential information for any operator in the sample. All social security numbers, driver’s license numbers and other confidential information must be properly redacted from any lists or backup documentation submitted.**

Attestation of Completion	
I attest that the <i>School Bus Operator Qualifications</i> monitoring self-evaluation criterion has been properly completed and, to my knowledge, is accurate:	
District Name _____	
Name _____	(printed name of superintendent or designee)
Signature _____	
Contact Number _____	
Date _____	



## School Bus Operator Qualifications Evaluation Worksheet Instructions

The following instructions correspond to the fields of information requested on the attached **School Bus Operator Qualifications Evaluation Worksheet**. Each worksheet is designed to document the requirements for five operators. Ensure that the top portion of each worksheet is completed to identify the entity (e.g., the district, charter school or contractor). Use separate worksheets per entity. Please reproduce the worksheet as many times as necessary. Backup documentation must be provided for items D-L for all operators in the sample.

**NOTE: Do not include any confidential information for any operator in the sample. All social security numbers, driver's license numbers, and any other confidential information must be properly redacted from any lists or backup documentation submitted.**

- A. **Operator Name** - Record the operator's name as it appears on the Commercial Driver License (CDL).
- B. **Status** - Indicate whether the operator is a regular operator, substitute operator or contracted operator.
- C. **Date of Original Employment** - Record the date the individual was first employed as a regular or substitute school bus operator. For individuals who fall into the "other" category, record the date the individual first became qualified and authorized to transport students.
- C.a. **Date of Reemployment** - as school bus operator when there has been a one year or greater break in service, if applicable.

**NOTE: The above fields (A, B, C and C.a.) will not be used in calculating the performance level.**

- D. **Hours of Pre-service Training** - If the date in C is after July 31, 1986, the operator must have completed a minimum of 40 hours of pre-service training according to the Florida Basic School Bus Operator Curriculum. For operators receiving pre-service training on or after April 25, 2007, the training must be based upon the Revised 2006 Curriculum. Record the total number of verified hours. Verification must be included for each operator in the self-evaluation sample, consisting of an original or copy of the 40-hour certificate and a class attendance record, including dates, times and topics covered.
- E. **Annual Eight Hours In-service Training** - Each school bus operator must have eight hours of annual in-service training related to the operator's responsibilities for transporting students. Record the date the most recent eight hours of in-service training was completed. Verification must be included for each operator in the self-evaluation sample, consisting of class attendance records, including dates, times and topics covered.
- F. **Expiration Date of Most Current Medical Examiner Certificate (MCSA-5876)** - From the date of examination, add the appropriate number of months of validation as noted by the examining physician, and record the resulting expiration date. Verification must be included for each operator in the self-evaluation sample, consisting of a legible photo copy of the medical examiner's certificate that operators must carry. **Do not send the entire medical examination form (MCSA-5875).**

- G. **Expiration Date of Most Current Dexterity Test (ESE 480)** - From the date of the dexterity test, add 13 months and record the resulting expiration date. Verification must be included for each operator in the self-evaluation sample, consisting of a legible photo copy of the dexterity test certificate that operators must carry.
- H. **CDL Expiration Date** - The license must be a Class A or B with a passenger (P) endorsement and a school bus (S) endorsement. Record the expiration date that appears on the CDL license and the driving history record. Verification must be included for each operator in the self-evaluation sample, consisting of a current driving history record at the time of the review.
- I. **Florida Department of Highway Safety and Motor Vehicles (DHSMV) Driving History Record** - The district is required to request a DHSMV driving history record for each person transporting public school students prior to the start of any school year (no sooner than two weeks prior to school start-up is recommended). Record the date of the DHSMV check. These records must be obtained using the Automated School Bus Operator License Record Check System. If any operator in the sample was hired after the school start-up date, please record the date that the DHSMV check was generated upon his/her employment. Verification must be included for each operator in the self-evaluation sample, consisting of a record of the DHSMV check prior to school start-up. When the district requires an immediate DHSMV check to qualify potential operators for training and hiring, a DHSMV check through local law enforcement is acceptable until the operator's automated check results are returned.
- J. **DHSMV Weekly Updates** - Beginning the week following the school start-up, the district is required to perform weekly updates/checks using the Automated School Bus Operator License Record Check System. Verification must be included for each operator in the self-evaluation sample, consisting of each weekly report or a computer-generated report verifying that the weekly updates/checks were run. These printouts or reports must include every week's check, regardless of whether or not traffic violations appeared.
- K. **Date of Fingerprint-Based Criminal History Background Check** - All school bus operators are required to receive a fingerprint-based criminal history background check through the Florida Department of Law Enforcement and the Federal Bureau of Investigation at the time of employment and again upon reemployment if a break in service of 90 days or more occurs. Beginning June 10, 2004, all checks must have been conducted within the previous five years and again every five years. Verification must be included for each operator in the self-evaluation sample, consisting of documentation that the criminal history background checks required by section 1012.32, F.S., were requested, the results were reviewed, the operator was cleared for employment, and that applicable operators were re-checked every five years.
- L. **Verification that the operator is included within the random Omnibus Transportation Employees Testing Act (OTETA) drug and alcohol testing pool for safety-sensitive positions** - Each school district and charter school must provide a complete listing of all school bus operators included within the district's OTETA drug and alcohol testing pool of employees.

**NOTE: Do not include any confidential information for any operator in the sample. All social security numbers, driver's license numbers and any other confidential information must be properly redacted from any lists or backup documentation submitted.**

## School Bus Operator Qualifications Evaluation Worksheet

Circle One: District / Charter School / Contractor

Entity's Name \_\_\_\_\_

**N/A = Not Applicable (see note below)**

**C = Complete**

**NC = Not Complete**

**M = Missing**

						Total # of Deficiencies (per row)
A. Operator Name (up to five operators per worksheet)						
B. Status (Regular, Sub, Other, Contracted)						
C. Date of Original Employment (as operator)						
C.a. Date of Reemployment (as operator) after a one year or greater break in service (if applicable)						
D. Hours of Pre-service Training - if hired after 7/31/86						
E. Annual Eight Hours In-service Training – record the date it was completed.						
F. Expiration date of most Current Medical Examiner Certificate (MCSA-5876)						
G. Expiration Date of most Current Dexterity Test (ESE 480)						
H. Current <b>CDL</b> License Expiration Date (with passenger ( <b>P</b> ) and school bus ( <b>S</b> ) endorsements)						
I. 20__ - __ DHSMV Driving History Check - record the date it was performed (school start-up check)						
J. DHSMV - Verification of weekly updates						
K. Date of (most recent) Fingerprint-Based Criminal History Check. Date of recheck for break in service in excess of 90 days (if applicable)						
L. Verification that operator is included in an approved random OTETA drug and alcohol testing pool for safety-sensitive positions						
<b>COMMENTS</b> Note any deficiencies						

**NOTE: If an item is not applicable (for example, 40 hours pre-service training for operators hired on or before 7/31/86), indicate “N/A.”**

## School Bus Operator Records Performance Determination Worksheet

### Performance Level

- a. \_\_\_\_\_ Total number of operators in the sample.
- b. \_\_\_\_\_ Total requirements from all worksheets. This figure is the total number of operators multiplied by nine (rows D through L, containing requirements), minus any cells checked "N/A."
- c. \_\_\_\_\_ Total problem areas (from all worksheets). Add (or "sum") the numbers obtained from far right-hand column of each worksheet page.
- d. \_\_\_\_\_% Performance Level =  $100 \text{ minus } [(c \div b) \times 100]$
- e. \_\_\_\_\_ Highest number of operators with identical deficiencies.
- f. \_\_\_\_\_% Percentage of operators with identical deficiencies  $[(e \div a) \times 100]$

If "d" above is less than 95 percent, or if "f" is more than 50 percent, a CAP, as outlined in the enclosed **School Bus Operator Qualifications Corrective Action Plan**, must be submitted with the self-evaluation.

If any operator(s) in the review lacks the required qualifications, he/she must not transport students until the requirements are met.

## Example School Bus Operator Records Performance Determination Worksheet

The total sample size was 20 operators. Five deficiencies were found within the records and recorded on the worksheets, and five operators were found with identical deficiencies. There were zero N/A items on the forms.

### Performance Level

- a. 20 Total number of operators in the sample.
- b. 180 Total requirements from all worksheets. This figure is the total number of operators x 9 (rows D through L, containing requirements), minus any cells checked "N/A."
- c. 5 Total problem areas (from all worksheets). Sum the numbers obtained from far right-hand column of each worksheet page.

*Five deficiencies were found among the sample.*

- d. 97.2% Performance Level =  $100 - [(c \div b) \times 100]$   
 $5 \div 180 = .028$  /  $.028 \times 100 = 2.8$  /  $100 - 2.8 = 97.2\%$
- e. 5 Highest number of operators with identical deficiencies.  
*Five operators had identical deficiencies.*
- f. 25% Percentage of operators with identical deficiencies.  
 $[(5 \div 20) \times 100] = 25\%$

The example above of 97.2 percent (d) is in compliance. Anything less than 95 percent is noncompliant. Whenever 50 percent (f) or more of the operators in the sample have identical deficiencies, the district is automatically noncompliant.

**NOTE: This is an example only. Determine your sample size according to the previous instructions.**

**School Bus Operator Qualifications Corrective Action Plan**

District \_\_\_\_\_

Summary of Deficiencies:

Corrective Actions:

Person(s) Responsible:

Anticipated Completion Date:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## School Bus Inspection Records

### CRITERION

**There was a system of record keeping to verify that all school buses were inspected in accordance with law and rule.**

#### **Procedures for Completing the Self-Evaluation**

Documentation must be maintained verifying that all school buses (including those used by charter schools and private contractors) available for transporting public school students are inspected by a certified Florida School Bus Safety Inspector on a schedule compliant with rule 6A-3.0171, F.A.C., and in accordance with the *State of Florida School Bus Safety Inspection Manual, 2017 edition*. This criterion is to be evaluated based on inspection records from the three consecutive required inspections preceding the date that the district begins the self-evaluation for a sample of buses picked from all buses available to transport students. The district must evaluate records for the sample of buses using the attached **School Bus Inspection Records Worksheet** (one per bus).

Buses less than one year old must not be included in the sample. Sometimes buses are removed from service, resulting in a revised inspection schedule. In this case, documentation must consist of a record in the bus maintenance file(s) stating the date and mileage the bus was removed from service. These buses need only be inspected prior to returning them to service to transport students.

Legible photocopies of the last three required inspection forms (both sides) must be attached to the worksheet for each bus in the sample.

#### **Sample Size**

The minimum sample for inspection records review for each maintenance compound must be 10 percent of the daily route buses and 10 percent of the spare and activity buses. The sample size should reflect lift and non-lift buses, old and new buses, compounded and non-compounded buses, conventional and other type buses.

#### **Performance Determination**

Upon completion of the school bus inspection records review, the district must determine its performance using the enclosed **School Bus Inspection Records Performance Determination Worksheet** (a sample worksheet is provided). Charter schools' and private contractors' records reviews are to be included when determining performance.

#### **Compliance Determination**

Compliance with these criteria is based on a minimum performance level of 95 percent. Noncompliance requires submission of a CAP.

If any school bus in the sample (or otherwise) lacks the most recently required inspection form, it must be removed from service until it is properly inspected and documented.

#### **Corrective Actions**

A CAP, as outlined in the enclosed **School Bus Inspection Records Corrective Action Plan**, must be submitted when noncompliance exists. The CAP must include a summary of the deficiencies and measures the district will take to prevent future noncompliance.

**Attestation**

The superintendent or designee must provide the following documentation demonstrating that these school bus inspection records self-evaluation procedures are completed:

- A completed **School Bus Inspection Records Evaluation Worksheet** for each bus in the sample;
- A completed **School Bus Inspection Records Performance Determination Worksheet**;
- A **School Bus inspection Records Corrective Action Plan**, as applicable;
- A legible photocopy of the three most recently required inspection forms (both sides) attached to the worksheet for each bus in the sample; and
- A copy of this page, with the completed attestation below.

Attestation of Completion

I attest that the *School Bus Inspection Records* monitoring self-evaluation criterion has been properly completed and, to my knowledge, is accurate:

District Name \_\_\_\_\_

Name \_\_\_\_\_  
(printed name of superintendent or designee)

Signature \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_



### School Bus Inspection Records Worksheet

**Circle One: District / Charter School / Contractor**

**Entity's Name** \_\_\_\_\_

**Reviewer's name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Bus #** \_\_\_\_\_

**Bus Category: (Circle One) Daily / Spare / Activity**

**Garage Location** \_\_\_\_\_

#### USE ONE SHEET PER BUS

**NOTE: Attach a copy (both sides) of the three most recently required inspection forms, as listed below.**

Information from three most recent consecutive required inspection forms prior to district self-evaluation:						<b>NOTE:</b> Individual inspection forms are considered incomplete if missing any of the following: inspector's signature, certification number, bus number, date or mileage. More than one blank status code per section or more than four blank status codes per form (including Road Test) also renders a form incomplete.
MONTH	DAY	YEAR	MILEAGE	IS FORM COMPLETE? YES/NO	IS FORM SIGNED? YES/NO	Describe any missing or incomplete information in the spaces provided below.

## School Bus Inspection Records Performance Determination Worksheet

### Performance Determination

- a. \_\_\_\_\_ Total number of buses in sample (including charter school and contractor-owned buses, as applicable).
- b. \_\_\_\_\_ Total number of required inspections/forms (number of buses times three).
- c. \_\_\_\_\_ Total number of required inspections/forms that were not properly completed.
- d. \_\_\_\_\_% Performance level =  $100 \text{ minus } [(c \div b) \times 100]$
- e. \_\_\_\_\_ Number of inspections not documented with an inspection form.

If (d) above is less than 95 percent, or if (e) above has any required inspection that was not documented, e.g., the form was missing, then the district is noncompliant and a CAP, as outlined in the attached **School Bus Inspection Records Corrective Action Plan**, must be submitted with the self-evaluation.

**NOTE: If any school bus in the sample (or otherwise) lacks the most recently required inspection form, it must be removed from service until it is properly inspected and documented.**

## Example School Bus Inspection Records Determination Worksheet

**EXAMPLE:** The total sample size was 20 school buses. There were two incomplete inspection forms. All required inspection forms were present in the files.

### Performance Determination

a. 20 Total number of buses in sample (including charter school and contractor owned buses as applicable).

b. 60 Total number of required inspections/forms (number of buses times three).

$$20 \times 3 = 60$$

c. 2 Total number of required inspections/forms that were not properly completed.

d. 96.7% Performance level = 100 minus (-) [(c ÷ b) X 100]

$$2 \div 60 = .066 \quad / \quad .066 \times 100 = 6.6 \quad / \quad 100 - 6.6 = 93.4\%$$

e. 0 Number of inspections not documented with an inspection form.

The example above of 96.7 percent (d) is in compliance. Anything less than 95 percent is noncompliant.

The zero in (e) is in compliance. If any record is missing (e), the district is automatically noncompliant.

**NOTE: This is an example only. Determine your sample size according to the previous instructions.**

**School Bus Inspection Records Corrective Action Plan**

District \_\_\_\_\_

Summary of Deficiencies:

Corrective Actions:

Person(s) Responsible:

Anticipated Completion Date:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Special Needs Transportation

### Procedures for Completing the Self-Evaluation

School buses, school bus operators and attendants (including transportation providers for charter schools and private contractors working for school districts) must be prepared to meet the needs of students with special needs who are transported. Buses must be equipped with proper equipment that is in good working condition; bus operators and attendants must have appropriate training and be able to properly perform required activities; and transportation requirements for each student's IEP must be satisfied. The criterion must be evaluated based on school bus operator and attendant training records, the IEPs of the students on the specific buses, and review of bus equipment and student securement on official bus routes using the following attached forms:

- **Staff Training and Student IEP Performance Worksheet**
- **Special Needs Bus Equipment and Use Worksheet**
- **Special Needs Transportation Self-Evaluation Report**

Ensure that the top portion of each worksheet is completed to identify the district, charter school or contractor.

### Special Needs School Bus Operator and Attendant Training

For each area listed on the **Staff Training and Student IEP Performance Worksheet**, please identify the most recent training date. If an operator or attendant required specialized training to meet specific student needs, please note the type of training and training date, and identify the students for whom the specific training was necessary. If student-specific training was not applicable, please indicate "N/A."

All personnel who ride buses that transport students with disabilities must receive confidentiality and evacuation planning training.

### School Bus Operator and Attendant Training Sample Size

The following sample size must apply to each individual entity, i.e., district operators and attendants, charter school operators and attendants, and contractor operators and attendants.

The minimum sample size must be 10 percent of the bus operators and 10 percent of attendants who transport students for whom weighted funding is claimed, with no fewer than five operators and attendants (when there are at least five) and no more than 25 operators and attendants for the larger districts or contracted operators.

### IEP Compliance

Using the lower portion of the Staff Training and Student IEP Performance Worksheet, please indicate whether or not the IEP transportation requirements were met for each student in the self-evaluation review.

A description (on district letterhead) of the procedure used by the district, charter school or contractor to obtain the necessary IEP information must be submitted with the self-evaluation.

### IEP Compliance Sample Size

Students selected should be regular riders on buses/routes of operators/attendants who are identified in the upper portion of the Staff Training and Student IEP Performance Worksheet. The following sample size must apply to each individual entity, i.e., district schools, charter schools and contractors.

The sample size will be three students with disabilities per operator/attendant and bus for whom one or more of the following three (of the five) weighted funding categories are claimed:

- (1) Medical equipment required. Medical equipment is defined as wheelchair, crutches, walker, cane, tracheotomy equipment, positioning or unique seating devices.
- (2) Medical condition that requires a special transportation environment per physician's prescription (for instance, tinted windows, dust-controlled atmosphere or temperature control).
- (3) Aide or monitor required due to disability or specific need of student.

Three student records/IEPs, per operator/attendant and bus, must be reviewed (when there are at least three).

### Attestation

The superintendent or designee must provide the following documentation demonstrating that these special needs transportation self-evaluation procedures are completed:

- A completed **Staff Training and Student IEP Performance Worksheet** for all operators and attendants in the sample;
- A completed **Staff Training and Student IEP Performance Worksheet** for all students in the sample, with supporting documentation for each student;
- A completed **Special Needs Bus Equipment and Use Worksheet** for each bus route in the sample;
- A completed **Special Needs Transportation Self-evaluation Report**; and
- A copy of this page with the completed attestation below.

Attestation of Completion
<p>I attest that the <i>Special Needs Transportation</i> monitoring self-evaluation criterion has been properly completed and, to my knowledge, is accurate:</p> <p>District Name _____</p> <p>Name _____ (printed name of superintendent or designee)</p> <p>Signature _____</p> <p>Contact Number _____</p> <p>Date _____</p>

### **Special Needs Bus Equipment and Use**

Complete the attached **Special Needs Bus Equipment and Use Worksheet** for the sample of buses, operators and/or attendants transporting students with special needs while observing the suitability and condition of the equipment and the use thereof. This review must be conducted “start to finish” on regularly scheduled special needs routes.

#### **For each wheelchair (W/C) position**

- Inspect bus for a complete, matching wheelchair tie down and occupant restraint system (WTORS);
- Inspect straps for cuts or frays and proper operation of the buckles and retractors;
- Observe whether or not the wheelchair is secured properly; and
- Observe whether or not the occupant is secured properly.

#### **For each child safety restraint system (CSRS)**

- Inspect the car seat, safety vest and/or integrated seat for good operating condition;
- Observe whether or not the equipment (car seat/safety vest) is installed correctly; and
- Observe whether or not the occupant is secured correctly.

#### **For other equipment**

- Please note type of equipment and whether or not it is properly used and secured.

### **Special Needs Bus Equipment and Use Sample Size**

Buses selected should be ones that are assigned to the operators/attendants who are identified in the upper portion of the **Staff Training and Student IEP Performance Worksheet** and used to transport the students identified in the lower portion of the **Staff Training and Student IEP Performance Worksheet**. The following sample size must apply to each individual entity, i.e., district buses, charter school buses and contractor buses.

The minimum sample size must be at least two special needs bus routes for rural districts (up to 199 buses in fleet), five special needs bus routes for urban districts (200–399 buses in fleet), and eight special needs bus routes for mega-districts (400 or more buses in fleet).

The superintendent or designee must provide the following documentation demonstrating that these special needs transportation self-evaluation procedures are completed:

- A completed **Staff Training and Student IEP Performance Worksheet** for all operators and attendants in the sample;
- A completed **Staff Training and Student IEP Performance Worksheet** for all students in the sample, with supporting documentation for each student;
- A completed **Special Needs Bus Equipment and Use Worksheet** for each bus route in the sample; and
- A completed **Special Needs Transportation Self-evaluation Report**.

## Staff Training and Student IEP Performance Worksheet

<b>Section 1</b>		<b>Training Records</b>	
Bus Number _____		OPERATOR	ATTENDANT
Route Number _____	Name _____	Name _____	
Date of Confidentiality Training _____			
Date of Evacuation Planning Training (Individual bus evacuation plans recommended) _____			
Date of Wheelchair/Occupant Securement Training _____			
Date of Child Safety Restraint System (CSRS) Training _____			
(A) Specific Training Type & Student Number Date of Specific Training _____			
(B) Specific Training Type & Student Number Date of Specific Training _____			
<b>Section 2</b>		<b>Student IEP Performance</b>	
	Student 1 and Grade	Student 2 and Grade	Student 3 and Grade
Student's IEP and/or applicable transportation form is readily available to appropriate transportation personnel.	Yes ____ No ____ N/A ____	Yes ____ No ____ N/A ____	Yes ____ No ____ N/A ____
Student's medical equipment was identified on the IEP and a properly equipped bus was provided. <b>(Specify)</b> (A) Lift (B) WTORS (C) Safety Vest (D) CSRS (E) Lap Belt	Yes ____ No ____ N/A ____ Type <b>(Circle One)</b> A B C D E	Yes ____ No ____ N/A ____ Type <b>(Circle One)</b> A B C D E	Yes ____ No ____ N/A ____ Type <b>(Circle One)</b> A B C D E
Student's medical condition requiring a special transportation environment was identified on the IEP and a properly equipped bus was provided. <b>(Specify)</b> (A) Tinted Windows (B) Dust Control (C) Temp. Control (D) Other	Yes ____ No ____ N/A ____ Type <b>(Circle One)</b> A B C D	Yes ____ No ____ N/A ____ Type <b>(Circle One)</b> A B C D	Yes ____ No ____ N/A ____ Type <b>(Circle One)</b> A B C D
Student's IEP and/or applicable transportation form properly identifies the need for a bus attendant or monitor.	Yes ____ No ____ N/A ____	Yes ____ No ____ N/A ____	Yes ____ No ____ N/A ____

**Report Completed By** \_\_\_\_\_



**Special Needs Bus Equipment and Use Worksheet**

**Entity** \_\_\_\_\_

Section 3				
Bus Number _____	Route Number _____	Status Code √ X N/A	Student Number From Front Page	Comments
W/C #1: Complete WTOR system and condition				
Correct wheelchair installation				
Correct occupant securement				
W/C #2: Complete WTOR system				
Correct wheelchair installation				
Correct occupant securement				
W/C #3: Complete WTOR system				
Correct wheelchair installation				
Correct occupant securement				
Seat #1: CSRS / Safety Vest / Lap Belt / Other				
Correct equipment installation				
Correct occupant securement				
Seat #2: CSRS / Safety Vest / Lap Belt / Other				
Correct equipment installation				
Correct occupant securement				
Seat #3: CSRS / Safety Vest / Lap Belt / Other				
Correct equipment installation				
Correct occupant securement				
Other equipment: provide details				
√ = Standard Met    X = Standard Not Met    N/A = Not Applicable			NOTE: If additional space is needed, use two forms per bus.	

## Special Needs Transportation Self-Evaluation Report

Please list any deficiencies found during the bus operator and attendant training records review:

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Please list any deficiencies found during the student IEP compliance review:

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Please list any deficiencies found during the school bus equipment review:

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Please explain how your district plans to address these deficiencies:

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Signature \_\_\_\_\_ Title \_\_\_\_\_  
Transportation Director or Designee

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Other District Transportation Policies and Procedures

### CRITERION

**Documentation verified that district has developed and implemented policies for school bus operator cell phone use, school bus engine idling, safe rider instructions and safe driver plan.**

#### **Procedures for Completing the Self-Evaluation**

Please include with the self-evaluation a copy of the district's policies and procedures for each of the following areas:

- Cell phone use;
- School bus engine idling;
- Safe rider instruction; and
- Safe driver plan.

The supplied information must also document communication of the policies and procedures to all operators and affected students.

#### **Compliance Determination**

Compliance with the criterion is based on whether or not policies and procedures have been developed and communicated to all school bus operators and affected students. If any of the above policies or procedures are not in place and properly communicated, the district is considered noncompliant and a CAP is required.

#### **Corrective Actions**

A **School Transportation Policies and Procedures CAP** form, must be submitted when noncompliance exists. The CAP must include a summary of the deficiencies and measures the district will take to prevent future noncompliance.

**Attestation**

The superintendent or designee must verify that policies and procedures are in place that address the following:

- Cell phone use;
- School bus engine idling;
- Safe rider instructions; and
- Safe driver plan.

A copy of the above policies and the completed attestation below must be returned with this workbook.

Attestation of Completion	
I attest that the <i>School Transportation Policies and Procedures</i> monitoring self-evaluation criterion has been properly completed and, to my knowledge, is accurate:	
District Name	_____
Name	_____
	(printed name of superintendent or designee)
Signature	_____
Contact Number	_____
Date	_____

**School Transportation Policies and Procedures Corrective Action Plan**

District \_\_\_\_\_

Summary of Deficiencies:

Corrective Actions:

Person(s) Responsible:

Anticipated Completion Date:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_