

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: _____

COUNTY (IES): _____

ADDRESS: _____

CONTACT: _____ **PHONE:** _____

REVIEW PERIOD: _____ **REVIEW DATES:** _____

PERSON CONDUCTING THE REVIEW: _____

CONTACT INFORMATION: _____

INTRODUCTION AND BRIEFING:

The evaluation of the Sumter County Community Transportation Coordinator (CTC) is conducted annually by the Transportation Disadvantaged Coordinating Board (TDCB) with the guidance of the Lake~Sumter Metropolitan Planning Organization (MPO) staff.

The Sumter County Board of County Commissioners is the designated CTC for Sumter County. On March 15, 2023 the Florida Commission for the Transportation Disadvantaged extended Sumter County's CTC designation effective July 1, 2023 through June 30, 2028. On August 11, 2020 the Sumter County BOCC entered into an agreement with MTM Transit, LLC to be its transportation provider. The agreement is in effect until August 17, 2022 and has three (3), one-year renewal options.

The mission of the Sumter County CTC is:

"To ensure all citizens of Sumter County professional, efficient, and cost-effective transportation services. Sumter County will provide safe, clean, comfortable, and economical transportation; and be alert to citizen needs and prepare for those needs in a timely manner."

The purpose of the annual review is to evaluate the CTC's performance. The evaluation ensures quality of service is being obtained and that it is being provided in the most cost effective, efficient, and unduplicated manner. The evaluation also ensures that all requirements are met in providing provision of any services by operators and coordination contractors in the coordinated system.

The evaluation was conducted utilizing the Commission for the Transportation Disadvantaged (CTD) CTC Evaluation Workbook. The workbook outlines the formal process for evaluation of the CTC. The evaluation addresses the following areas:

- Entrance Interview and General Questions
- Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
- Compliance with the Americans with Disabilities Act
- Surveys: Riders, Contractors, and Purchasing Agencies
- On-site Observation of the System
- Findings and Recommendations

Overall, the CTC is running a smooth operation. The CTC is in compliance with all applicable regulations and no findings were made during the evaluation. Riders are generally satisfied with the service, with surveyed riders reporting an average satisfaction score of nine out of ten. Feedback from riders was overwhelmingly positive, with riders offering commendations on the drivers and overall appreciation of the service. Of the 16 riders who responded to the survey, several riders mentioned not being able to receive transportation services on their requested date or time; two riders said this was due to not scheduling the trip in time and two other riders said this was due to buses not being available. It is suggested that the CTC continue to monitor trip data, particularly trip denials, in order to assess whether demand is limiting the availability of services.

Mid Florida Community Services (MFCS), a purchasing agency, brought up another potential challenge to coordination, which is providing service to riders who live on roads that are not accessible by the buses (e.g., mobile home parks with dirt roads). The workaround is for riders to meet the bus at a different pick up point that is accessible for the bus; however, this is not possible for some riders with more limited mobility. It is suggested that the CTC coordinate directly with MFCS to further understand the issue and discuss potential solutions, leveraging support from the TDCB if needed.

The evaluation report and recommendations to the CTC will be presented by the CTC Evaluation Subcommittee at the June 10, 2024 TDCB meeting. The final workbook with the recommendations/commendations will be transmitted to the Florida Commission for the Transportation Disadvantaged and the Sumter County CTC by MPO staff. The CTC will forward a status report to the TDCB within 30 working days. The TDCB will continue utilizing the use of CTC reports at quarterly meetings to assist with evaluating the CTC's performance.

LCB EVALUATION WORKBOOK

ITEM	PAGE
REVIEW CHECKLIST _____	3
EVALUATION INFORMATION _____	5
ENTRANCE INTERVIEW QUESTIONS _____	6
GENERAL QUESTIONS _____	9
CHAPTER 427, F.S. _____	13
RULE 41-2, F.A.C. _____	22
COMMISSION STANDARDS _____	32
LOCAL STANDARDS _____	33
AMERICANS WITH DISABILITIES ACT _____	36
FY GRANT QUESTIONS _____	42
STATUS REPORT _____	43
ON-SITE OBSERVATION _____	45
SURVEYS _____	47
LEVEL OF COST WORKSHEET # 1 _____	52
LEVEL OF COMPETITION WORKSHEET #2 _____	53
LEVEL OF AVAILABILITY WORKSHEET #3 _____	55

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- ☐ APR Data Pages
- ☐ QA Section of TDSP
- ☐ Last Review (Date:_____)
- ☐ List of Omb. Calls
- ☐ QA Evaluation
- ☐ Status Report (from last review)
- ☐ AOR Submittal Date
- ☐ TD Clients to Verify
- ☐ TDTF Invoices
- ☐ Audit Report Submittal Date

ITEMS TO REVIEW ON-SITE:

- ☐ SSPP
- ☐ Policy/Procedure Manual
- ☐ Complaint Procedure
- ☐ Drug & Alcohol Policy (see certification)
- ☐ Grievance Procedure
- ☐ Driver Training Records (see certification)
- ☐ Contracts
- ☐ Other Agency Review Reports
- ☐ Budget
- ☐ Performance Standards
- ☐ Medicaid Documents

ITEMS TO REQUEST:

- ☐ **REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)
- ☐ **REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)
- ☐ **REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)
- ☐ **REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).
- ☐ **MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- ☐ Measuring Tape
- ☐ Stop Watch

EVALUATION INFORMATION

An LCB review will consist of, but is not limited to the following pages:

1	Cover Page
5 - 6	Entrance Interview Questions
12	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
13	Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services
19	Insurance
23	Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives
25 - 29	Commission Standards and Local Standards
39	On-Site Observation
40 – 43	Surveys
44	Level of Cost - Worksheet 1
45- 46	Level of Competition – Worksheet 2
47 - 48	Level of Coordination – Worksheet 3

Notes to remember:

- **The CTC should not conduct the evaluation or surveys. If the CTC is also the PA, the PA should contract with an outside source to assist the LCB during the review process.**
- **Attach a copy of the Annual QA Self Certification.**

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

- ☐ Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).
- ☐ The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

The LCB will be reviewing the following areas:

- ☐ Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
- ☐ Following up on the Status Report from last year and calls received from the Ombudsman program.
- ☐ Monitoring of contractors.
- ☐ Surveying riders/beneficiaries, purchasers of service, and contractors
- ☐ The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.
- ☐ Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.
- ☐ Give an update of Commission level activities (last meeting update and next meeting date), if needed.

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- ☐ RURAL ☐ URBAN

2. ORGANIZATION TYPE:

- ☐ PRIVATE-FOR-PROFIT
- ☐ PRIVATE NON-PROFIT
- ☐ GOVERNMENT
- ☐ TRANSPORTATION AGENCY

3. NETWORK TYPE:

- ☐ SOLE PROVIDER
☐ PARTIAL BROKERAGE
☐ COMPLETE BROKERAGE

4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:

Coordination Contract Agencies				
Name of Agency	Address	City, State, Zip	Telephone Number	Contact

6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?
(Recent APR information may be used)

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost			
Medicaid			
Quality of Service			
Service Availability			
Toll Permit			
Other			

GENERAL QUESTIONS

Use the TDSP to answer the following questions. If these are not addressed in the TDSP, follow-up with the CTC.

1. DESIGNATION DATE OF CTC:
2. WHAT IS THE COMPLAINT PROCESS?

IS THIS PROCESS IN WRITTEN FORM? ☐ Yes ☐ No
(Make a copy and include in folder)

Is the process being used? ☐ Yes ☐ No

3. DOES THE CTC HAVE A COMPLAINT FORM? ☐ Yes ☐ No
(Make a copy and include in folder)
4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S
UNIFORM SERVICE REPORTING GUIDEBOOK?

☐ Yes ☐ No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?
☐ Yes ☐ No

Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?
☐ Yes ☐ No

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE
OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL
COMPLAINT FILE/PROCESS?

☐ Yes ☐ No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?
☐ Yes ☐ No If yes, what type?
10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?
☐ Yes ☐ No
11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?
☐ Yes ☐ No
12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

Please Verify These Passengers Have an Eligibility Application on File:

TD Eligibility Verification			
Name of Client	Address of client	Date of Ride	Application on File?

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?
18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC contracts for compliance with 427.0155(1), F.S.

“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”

ARE YOUR CONTRACTS UNIFORM? ☐ Yes ☐ No

IS THE CTD’S STANDARD CONTRACT UTILIZED? ☐ Yes ☐ No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?

☐ Yes ☐ No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)

☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC last AOR submittal for compliance with 427. 0155(2)
“Collect Annual Operating Data for submittal to the Commission.”

REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report ☐ Yes ☐ No

Any issues that need clarification? ☐ Yes ☐ No

Any problem areas on AOR that have been re-occurring?

List:

b. Memorandum of Agreement ☐ Yes ☐ No

c. Transportation Disadvantaged Service Plan ☐ Yes ☐ No

d. Grant Applications to TD Trust Fund ☐ Yes ☐ No

e. All other grant application (____%) ☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S.

“Review all transportation operator contracts annually.”

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED?

Is a written report issued to the operator? ☐ Yes ☐ No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?

Is a written report issued? ☐ Yes ☐ No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]

“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”

HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM?

Rule 41-2.012(5)(b): *"As part of the Coordinator's performance, the local Coordinating Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is not being utilized, the local Coordinating Board shall set an annual percentage of the number of trips to be provided on public transit."*

HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM?

☐ N/A

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT?

☐ Yes ☐ No

If YES, what is the goal?

Is the CTC accomplishing the goal? ☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review of local government, federal and state transportation applications for TD funds (all local, state or federal funding for TD services) for compliance with 427.0155(5).

“Review all applications for local government, federal, and state transportation disadvantaged funds, and develop cost-effective coordination strategies.”

IS THE CTC INVOLVED WITH THE REVIEW OF APPLICATIONS FOR TD FUNDS, IN CONJUNCTION WITH THE LCB? (TD Funds include all funding for transportation disadvantaged services, i.e. Section 5310 [formerly Sec.16] applications for FDOT funding to buy vehicles granted to agencies who are/are not coordinated)

☐ Yes ☐ No

If Yes, describe the application review process.

If no, is the LCB currently reviewing applications for TD funds (any federal, state, and local funding)? ☐ Yes ☐ No

If no, is the planning agency currently reviewing applications for TD funds?
☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review priorities listed in the TDSP, according to Chapter 427.0155(7).

“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”

REVIEW THE QA SECTION OF THE TDSP (ask CTC to explain):

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Ensure CTC compliance with the delivery of transportation services, 427.0155(8).

“Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).”

Review the Operational section of the TDSP

1. Hours of Service:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

5. How far in advance can reservations be place (number of days)?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).

“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”

WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE LOCAL WAGES COALITION?

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

CHAPTER 427

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(1), Minimum Insurance Compliance

“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS?

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

☐ Yes ☐ No

If yes, was this approved by the Commission? ☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(2), Safety Standards.
“...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C.”

*Date of last SSPP Compliance Review*_____, *Obtain a copy of this review.*

Review the last FDOT SSPP Compliance Review, if completed in over a year, check drivers' records. If the CTC has not monitored the operators, check drivers' files at the operator's site.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

☐ Yes ☐ No

DRIVER REQUIREMENT CHART

[illegible]

Sample Size:	1-20 Drivers – 50-100%	21-100 Drivers – 20-50%	100+ Drivers – 5-10%
---------------------	------------------------	-------------------------	----------------------

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(3), Drug and Alcohol Testing

“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”

With which of the following does the CTC (and its contracted operators) Drug and Alcohol Policy comply?

- ☐ FTA (Receive Sect. 5307, 5309, or 5311 funding)
- ☐ FHWA (Drivers required to hold a CDL)
- ☐ Neither

REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.

“...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts.”

1. IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS.

Cost [CTC and Coordination Contractor (CC)]

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? ☐ Yes ☐ No
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

RULE 41-2

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with Commission Standards

“...shall adhere to Commission approved standards...”

Review the TDSP for the Commission standards.

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	
Vehicle Cleanliness	
Passenger/Trip Database	

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

COMMISSION STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with Local Standards

“...shall adhere to Commission approved standards...”

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	
Use, Responsibility, and cost of child restraint devices	
Out-of-Service Area trips	
CPR/1st Aid	
Driver Criminal Background Screening	
Rider Personal Property	
Advance reservation requirements	
Pick-up Window	

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls <i>Average age of fleet:</i>	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints <i>Number filed:</i>	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE
AVAILABLE UPON REQUEST? ☐ Yes ☐ No

ARE ACCESSIBLE FORMATS ON THE SHELF? ☐ Yes ☐ No

IF NOT, WHAT ARRANGEMENTS ARE IN PLACE TO HAVE MATERIAL
PRODUCED IN A TIMELY FASHION UPON REQUEST?

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?
☐ Yes ☐ No

IS THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH
THE OFFICE PHONE NUMBER? ☐ Yes ☐ No

Florida Relay System:
Voice- 1-800-955-8770
TTY- 1-800-955-8771

EXAMINE OPERATOR MANUALS AND RIDER INFORMATION. DO CURRENT
POLICIES COMPLY WITH ADA PROVISION OF SERVICE REQUIREMENTS
REGARDING THE FOLLOWING:

Provision of Service	Training Provided	Written Policy	Neither
Accommodating Mobility Aids			
Accommodating Life Support Systems (O ₂ Tanks, IV's...)			
Passenger Restraint Policies			
Standee Policies (persons standing on the lift)			
Driver Assistance Requirements			
Personal Care Attendant Policies			
Service Animal Policies			
Transfer Policies (From mobility device to a seat)			
Equipment Operation (Lift and securement procedures)			
Passenger Sensitivity/Disability Awareness Training for Drivers			

RANDOMLY SELECT ONE OR TWO VEHICLES PER CONTRACTOR (DEPENDING ON SYSTEM SIZE) THAT ARE IDENTIFIED BY THE CTC AS BEING ADA ACCESSIBLE AND PURCHASED WITH PRIVATE FUNDING, AFTER 1992. CONDUCT AN INSPECTION USING THE ADA VEHICLE SPECIFICATION CHECKLIST.

INSPECT FACILITIES WHERE SERVICES ARE PROVIDED TO THE PUBLIC (ELIGIBILITY DETERMINATION, TICKET/COUPON SALES, ETC...).

IS A RAMP PROVIDED? ☐ Yes ☐ No

ARE THE BATHROOMS ACCESSIBLE? ☐ Yes ☐ No

Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

Type of Vehicle: ☐ Minivan ☐ Van ☐ Bus (>22')
 ☐ Minibus (<= 22') ☐ Minibus (>22')

Person Conducting Review:

Date:

Review the owner's manual, check the stickers, or ask the driver the following:

- ☐ The lift must have a weight limit of at least 600 pounds.
- ☐ The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?
- ☐ The lift must be "interlocked" with the brakes, transmission, or the door, so the lift will not move unless the interlock is engaged. Ensure the interlock is working correctly.

Have the driver lower the lift to the ground:

- ☐ Controls to operate the lift must require constant pressure.
- ☐ Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.
- ☐ Sufficient lighting shall be provided in the step well or doorway next to the driver, and illuminate the street surface around the lift, the lighting should activate when the door/lift is in motion. Turn light switch on, to ensure lighting is working properly.

Once the lift is on the ground, review the following:

- ☐ Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- ☐ Side barriers must be at least 1 ½ inches high.
- ☐ The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- ☐ The platform must be slip-resistant.
- ☐ Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- ☐ The lift must have two handrails.
- ☐ The handrails must be 30-38 inches above the platform surface.
- ☐ The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- ☐ The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

- ☐ If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- ☐ Lifts may be marked to identify the preferred standing position (suggested, not required)

Have the driver bring the lift up to the fully raised position (but not stowed):

- ☐ When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- ☐ The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and carefully jump up and down to see how far the lift sways.
- ☐ The lift must be designed to allow boarding in either direction.

While inside the vehicle:

- ☐ Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
- ☐ The securement system must accommodate all common wheelchairs and mobility aids.
- ☐ The securement system must keep mobility aids from moving no more than 2 inches in any direction.
- ☐ A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.

Vehicles under 22 feet must have:

- ☐ One securement system that can be either forward or rear-facing.
- ☐ Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

Vehicles over 22 feet must have:

- ☐ Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- ☐ Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
- ☐ Aisles, steps, and floor areas must be slip resistant.
- ☐ Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

Table 1. ADA Compliance Review - Provider/Contractor Level of Service Chart

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor

BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

☐ Yes ☐ No

ADA COMPLIANCE

Findings:

Recommendations:

FY ____/____ GRANT QUESTIONS

**The following questions relate to items specifically addressed in the FY _
____/____ Trip and Equipment Grant.**

DO YOU KEEP ALL RECORDS PERTAINING TO THE SPENDING OF TDTF DOLLARS FOR FIVE YEARS? (Section 7.10: Establishment and Maintenance of Accounting Records, T&E Grant, and FY _____)

☐ Yes ☐ No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY _____)

☐ Yes ☐ No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY _____)

☐ Yes ☐ No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW:_____

STATUS REPORT DATED:_____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time? ☐ Yes ☐ No - How many minutes late/early?

Did the driver provide any passenger assistance? ☐ Yes ☐ No

Was the driver wearing any identification? ☐ Yes: ☐ Uniform ☐ Name Tag
☐ ID Badge ☐ No

Did the driver render an appropriate greeting?

☐ Yes ☐ No ☐ Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

☐ Yes ☐ No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?

☐ Yes ☐ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

☐ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☐ Yes ☐ No

Does the vehicle have two-way communications in good working order?

☐ Yes ☐ No

If used, was the lift in good working order?

☐ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☐ Yes ☐ No

Did the driver properly use the lift and secure the passenger?

☐ Yes ☐ No

If No, please explain:

CTC: _____ County: _____

Date of Ride: _____

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid				
Other				
Other				
Other)				
Other				
Totals				

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

Note: Attach the manifest

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

1) Did you receive transportation service on _____? ☐ Yes or ☐ No

2) Where you charged an amount in addition to the co-payment? ☐ Yes or ☐ No

If so, how much?

3) How often do you normally obtain transportation?

☐ Daily 7 Days/Week ☐ Other ☐ 1-2 Times/Week ☐ 3-5Times/Week

4) Have you ever been denied transportation services?

☐ Yes

☐ No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

☐ None ☐ 3-5 Times

☐ 1-2 Times ☐ 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

☐ Ineligible ☐ Space not available

☐ Lack of funds ☐ Destination outside service area

☐ Other _____

5) What do you normally use the service for?

☐ Medical ☐ Education/Training/Day Care

☐ Employment ☐ Life-Sustaining/Other

☐ Nutritional

6) Did you have a problem with your trip on _____?

☐ Yes. If yes, please state or choose problem from below

☐ No. If no, skip to question # 6

What type of problem did you have with your trip?

☐ Advance notice

☐ Cost

☐ Pick up times not convenient

☐ Late pick up-specify time of wait

☐ Assistance

☐ Accessibility

☐ Service Area Limits

☐ Late return pick up - length of wait

☐ Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Contractor Survey

_____County

Contractor name (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip?

☐ Yes ☐ No

2. Do the riders/beneficiaries call your facility directly to issue a complaint?

☐ Yes ☐ No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

☐ Yes ☐ No

If yes, is the phone number posted the CTC's?

☐ Yes ☐ No

4. Are the invoices you send to the CTC paid in a timely manner?

☐ Yes ☐ No

5. Does the CTC give your facility adequate time to report statistics?

☐ Yes ☐ No

6. Have you experienced any problems with the CTC?

☐ Yes ☐ No

If yes, what type of problems?

Comments:

PURCHASING AGENCY SURVEY

Staff making call: Kelsey Peterson

Purchasing Agency name: Mid Florida Community Services

Representative of Purchasing Agency: Yomaira Cornier

1) Do you purchase transportation from the coordinated system?

☒ YES

☐ NO If no, why?

2) Which transportation operator provides services to your clients?

Sumter County Transit

3) What is the primary purpose of purchasing transportation for your clients?

☐ Medical

☐ Employment

☐ Education/Training/Day Care

☒ Nutritional

☐ Life Sustaining/Other

4) On average, how often do your clients use the transportation system?

☐ 7 Days/Week

☐ 1-3 Times/Month

☐ 1-2 Times/Week

☐ Less than 1 Time/Month

☒ 3-5 Times/Week

5) Have you had any unresolved problems with the coordinated transportation system?

☒ Yes

☐ No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

☐ Advance notice requirement [specify operator (s)]

☐ Cost [specify operator (s)]

☐ Service area limits [specify operator (s)]

☐ Pick up times not convenient [specify operator (s)]

☐ Vehicle condition [specify operator (s)]

☐ Lack of passenger assistance [specify operator (s)]

☒ Accessibility concerns [specify operator (s)]

☐ Complaints about drivers [specify operator (s)]

☐ Complaints about timeliness [specify operator (s)]

☐ Length of wait for reservations [specify operator (s)]

☒ Other [specify operator (s)] bus unable to access mobile home park (see below)

7) Overall, are you satisfied with the transportation you have purchased for your clients?

☒ Yes

☐ No If no, why? _____

Level of Cost Worksheet 1



CTC Expense Sources

County: Sumter

CTC Status: Approved

CTC Organization: Sumter County Board of
County Commissioners,
Sumter County Transit

Fiscal Year: 07/01/2022 - 06/30/2023

CTD Status: Approved

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Expense Sources						
Labor	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Fringe Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 21,141	\$ 0	\$ 21,141	\$ 21,034	\$ 0	\$ 21,034
Utilities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Casualty & Liability	\$ 12,532	\$ 0	\$ 12,532	\$ 12,390	\$ 0	\$ 12,390
Taxes	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Miscellaneous	\$ 29,602	\$ 0	\$ 29,602	\$ 0	\$ 0	\$ 0
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0	\$ 0	\$ 23,251	\$ 0	\$ 23,251
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Purchased Transportation Services						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 1,314,006	N/A	\$ 1,314,006	\$ 1,136,302	N/A	\$ 1,136,302
Total - Expense Sources	\$ 1,377,281	\$ 0	\$ 1,377,281	\$ 1,192,977	\$ 0	\$ 1,192,977

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit				
Private For-Profit				
Government				
Public Transit Agency				
Total				

2. How many of the operators are coordination contractors? _____

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? _____

Does the CTC have the ability to expand? _____

4. Indicate the date the latest transportation operator was brought into the system. _____

5. Does the CTC have a competitive procurement process? _____

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

Which of the methods listed on the previous page was used to select the current operators?

7. Which of the following items are incorporated in the review and selection of transportation operators for inclusion in the coordinated system?

	Capabilities of operator
	Age of company
	Previous experience
	Management
	Qualifications of staff
	Resources
	Economies of Scale
	Contract Monitoring
	Reporting Capabilities
	Financial Strength
	Performance Bond
	Responsiveness to Solicitation

	Scope of Work
	Safety Program
	Capacity
	Training Program
	Insurance
	Accident History
	Quality
	Community Knowledge
	Cost of the Contracting Process
	Price
	Distribution of Costs
	Other: (list)

8. If a competitive bid or request for proposals has been used to select the transportation operators, to how many potential operators was the request distributed in the most recently completed process? _____

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

9. Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? _____

Level of Availability (Coordination)

Worksheet 3

Planning – What are the coordinated plans for transporting the TD population?

Public Information – How is public information distributed about transportation services in the community?

Certification – How are individual certifications and registrations coordinated for local TD transportation services?

Eligibility Records – What system is used to coordinate which individuals are eligible for special transportation services in the community?

Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

Reservations – What is the reservation process? How is the duplication of a reservation prevented?

Trip Allocation – How is the allocation of trip requests to providers coordinated?

Scheduling – How is the trip assignment to vehicles coordinated?

Transport – How are the actual transportation services and modes of transportation coordinated?

Dispatching – How is the real time communication and direction of drivers coordinated?

General Service Monitoring – How is the overseeing of transportation operators coordinated?

Daily Service Monitoring – How are real-time resolutions to trip problems coordinated?

Trip Reconciliation – How is the confirmation of official trips coordinated?

Billing – How is the process for requesting and processing fares, payments, and reimbursements coordinated?

Reporting – How is operating information reported, compiled, and examined?

Cost Resources – How are costs shared between the coordinator and the operators (s) in order to reduce the overall costs of the coordinated program?

Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision?

--

Overall – What type of formal agreement does the CTC have with organizations, which provide transportation in the community?

--

APPENDIX A: Complaint Process

CTC Standard: The 2021-2022 values for the following service effectiveness measures are as follows:

- a. Average number of trips per passenger for the coordinated system - 305.8
- b. Cost per trip - \$26.91
- c. Average cost per mile - \$2.94.

4.1.13.30 Contract Monitoring

TDSP Requirement: The CTC should have a written contract monitoring process in place to evaluate its coordination contractors and transportation operators.

CTC Standard: The CTC shall have a written contract monitoring process to evaluate its coordination contractors and transportation operators.

4.1.13.31 Complaints

TDSP Requirement: The CTC and TDCB should jointly establish a standard for complaints.

CTC Standard: Complaints should not exceed one percent of total passenger trips. Complaints include those received from passengers, others, and those identified through regular passenger surveys conducted by the CTC.

4.1.14 LOCAL COMPLAINT AND GRIEVANCE PROCEDURE/PROCESS

The CTC and TDCB are responsible for developing and implementing service complaint and grievance procedures. Service complaints are handled by the CTC. If the complaint cannot be resolved by the CTC, the complaint will become a grievance. A grievance is defined as an unresolved service complaint regarding the operation or administration of services. The TDCB has established policy and procedures to deal with grievances. It is the intent of the CTC to encourage the resolution of service complaints before it escalates to a grievance.

Service complaints can be defined as customer incidents or concerns normally involving some operational aspect of daily service. These include, but are not limited to:

- Late pickup and drop off
- No-show by transportation operator
- No-show by client
- Client behavior
- Driver behavior
- Passenger discomfort
- Service denial

Service complaints are telephoned, emailed, or mailed in a letter to the CTC. Each vehicle has a notification prominently displayed, which advertises the appropriate phone number for patrons to call with concerns, as well as ADA and Title VI information. Once a complaint is received, it will be followed up in the manner

it was received and then documented in written form. The complaint is forwarded to the applicable transportation provider. A copy is retained by the CTC for follow up.

The transportation provider will immediately investigate the complaint to determine the appropriate response. The provider is responsible for responding in writing to the CTC and the complainant within 72 hours from receipt of notification. The provider must ensure the response clearly addresses the complaint. Complaints which are found to be invalid or baseless must still be responded to.

Following receipt of the response, the CTC will review and determine if the response is appropriate. If a service complaint evolves into an unresolved complaint (grievance), the complainant will be requested to demonstrate their concern in writing as clearly as possible. Grievances are then heard by the TDCB.

4.1.15 COMMUNITY TRANSPORTATION COORDINATOR MONITORING PROCEDURES OF OPERATORS AND COORDINATION CONTRACTORS

The CTC monitors its operators and coordination contractors for compliance with contract requirements. The CTC requires operators and coordination contractors to enter the CTD's Standard Coordination Contract. The CTD Standards and Performance Requirements serve as the written monitoring process for the contract.

4.1.16 COORDINATION CONTRACT EVALUATION CRITERIA

The same criteria used to negotiate coordination contracts are used to make annual determinations of whether their continuation is the most cost-effective and efficient utilization possible.

4.2 Cost/Revenue Allocation and Rate Structure Justification

For the purposes of cost reimbursement, there are three types of funding. They are as follows:

1. "Sponsored" Rates for sponsored trips are paid by agencies/organizations, typically pursuant to purchase of service contracts or agreements between the agencies/organizations and SCT. Sponsored trips can be for the purpose of allowing individuals to participate in specific programs (program trips) or for other purposes (medical care, general trips). Sponsored trips may be either reservation or demand response service.
2. "Non-Sponsored Transportation Disadvantaged" Rates for trips provided to transportation disadvantaged riders that are not sponsored by an agency/organization are normally 90 percent subsidized by grants from the TDTF. Transportation disadvantaged riders pay approximately ten percent of the rate as a fare for non-sponsored trips. Non-sponsored trips typically fall into the reservation or demand response service category.
3. "General Public" Rates for all other trips are 50 percent subsidized by Section 5311 operating grants from the Federal Transit Administration and the Board of Sumter County Commissioners. General public riders pay approximately ten percent of the rate as a fare for trips. General public trips typically fall into the reservation, demand response service or deviated fixed route categories.

Sumter County Transit Complaint Process on [Sumter County Transit Website](#)

COMPLIMENTS AND COMPLAINTS

Compliments and complaints are always welcome. Please feel free to call (352) 689-4440 to tell us of any incidents either good or bad.

OMBUDSMAN

Ombudsman services are offered by the Commission for the Transportation Disadvantaged to provide transportation disadvantaged customers with an avenue to voice concerns about the coordinated transportation system and also as a means to provide information about the transportation disadvantaged program. All calls that concern the local transportation carrier will be referred to the appropriate local staff for handling. CTD staff will follow-up with the customer to ensure the concern has been addressed.

In addition, the CTD Helpline staff assists in resolving consumer concerns by acting as an advocate or mediator on the caller's behalf.

Helpline hours are 8:00 AM-5:00 PM, Monday-Friday.

The CTD Helpline number is 1-800-983-2435.

Form Center

By signing in or creating an account, some fields will auto-populate with your information.

Discrimination Complaint Form for Sumter County Transit Division

Sign in to
Save
Progress

The Federal Transit Administration (FTA) requires Transit Agencies to operate Transit Programs per Title VI without regard to Race, Color, National Origin, Age, or Family or Religious Status. The Americans with Disabilities Act (ADA) of 1990, As Amended must also be followed. Please complete this form if you feel you have been discriminated against for any reason.

Section 1

Name*	Address*
<input type="text"/>	<input type="text"/>
Telephone (Mobile/Home)*	Telephone (Work)
<input type="text"/>	<input type="text"/>

Select Language ▼

Accessible Format Requirements?

- ☐ Large Print
- ☐ TDD
- ☐ Audio Tape
- ☐ Other

Sumter County Transit Title VI Plan

[View Here](#)

Section 2

Are you filing this complaint on your own?

-- Select One --

If you answered "Yes" to this question, go to Section 3.

Section 3

I believe the discrimination I experienced was based on Title VI per FTA Circular 4702.1B (check all that apply below):*

- ☐ Race
- ☐ Color
- ☐ National Origin
- ☐ Age
- ☐ Family or Religious Status
- ☐ Other
- ☐ N/A

I believe the discrimination I experienced was based on Americans with Disabilities Act (ADA) per FTA Circular 4710.1:*

- ☐ Disability
- ☐ N/A

Date of alleged discrimination (Month, Day, Year)*

Location*

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.*

Section 4

Have you previously filed a Title VI or ADA complaint with this agency?

-- Select One --



Section 5

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?

-- Select One -- ▾

Please provide information about a contact person at the agency/court where the complaint was filed (Include name, title, agency, and address).

Section 6

Name of agency complaint is against:*

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

N...en

By checking the box below and submitting this form, I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.*

☐ I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

If information is needed in another language, please contact (352) 689-4400.

protected by reCAPTCHA

[Privacy](#) - [Terms](#)

☒ Receive an email copy of this form.

Email address

This field is not part of the form submission.



Submit

* indicates a required field



APPENDIX B: Observational Rides

Janie Lefgrenwood

ON-SITE OBSERVATION OF THE SYSTEM

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation: 3-7-24

Please list any special guests that were present: ?

Location: Summit Co. Transit

Number of Passengers picked up/dropped off: 4

Ambulatory 0

Non-Ambulatory 4

Was the driver on time? ☒ Yes ☐ No - How many minutes late/early?

Did the driver provide any passenger assistance? ☒ Yes ☐ No

Was the driver wearing any identification? ☐ Yes: ☒ Uniform ☐ Name Tag
☐ ID Badge ☐ No

Did the driver render an appropriate greeting?

☒ Yes ☐ No ☐ Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

☒ Yes ☐ No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?

☒ Yes ☐ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

☒ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☒ Yes ☐ No

Does the vehicle have two-way communications in good working order? ☒ Yes ☐ No

If used, was the lift in good working order?

☒ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☒ Yes ☐ No

Did the driver properly use the lift and secure the passenger?

☒ Yes ☒ No

If No, please explain:

Used Lift for lady with walker, she was able to secure herself, Driver secured walker

CTC: Snyder

County: Snyder

Date of Ride: 3-7-24

ON-SITE OBSERVATION OF THE SYSTEM

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

3/14/2024

Please list any special guests that were present:

CHAIRMAN CRAIG ESTEP

Location:

SUMMIT CANYON

Number of Passengers picked up/dropped off:

4

Ambulatory

3

Non-Ambulatory

1

Was the driver on time?



Yes



No - How many minutes late/early?

Did the driver provide any passenger assistance?



Yes



No

Was the driver wearing any identification?



Yes:



Uniform



Name Tag



ID Badge



No

Did the driver render an appropriate greeting?



Yes



No



Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?



Yes



No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?



Yes



No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?



Yes



No

Does the vehicle have working heat and air conditioning?



Yes



No

Does the vehicle have two-way communications in good working order?



Yes



No

If used, was the lift in good working order?



Yes



No

Was there safe and appropriate seating for all passengers?

☒ Yes ☐ No

Did the driver properly use the lift and secure the passenger?

☒ Yes ☐ No

If No, please explain:

CTC: _____

County: SUMTER

Date of Ride: 3/14/2024

APPENDIX C: Rider Survey Results

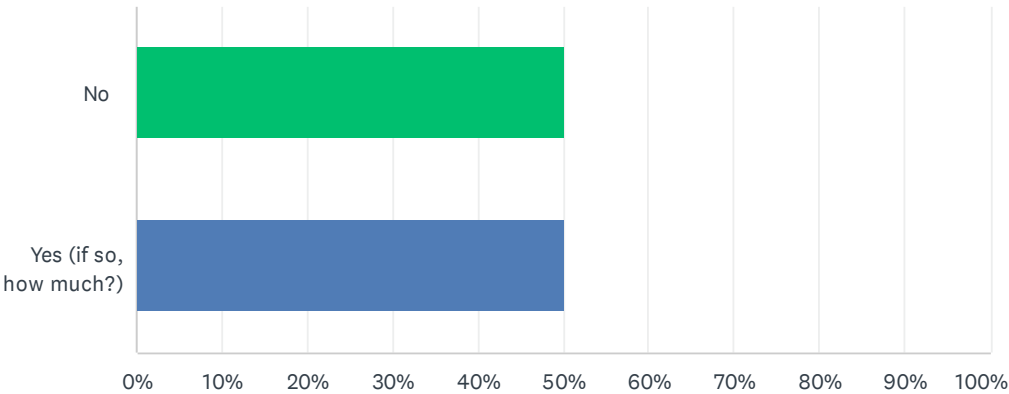
Q1 When was the last time you received transportation service from Sumter County Transit?

Answered: 16 Skipped: 0

#	RESPONSES	DATE
1	today	3/27/2024 12:38 PM
2	yesterday	3/27/2024 12:35 PM
3	3/18/2024	3/26/2024 8:24 PM
4	two weeks ago	3/22/2024 4:38 PM
5	Today	3/22/2024 2:06 PM
6	today	3/22/2024 10:13 AM
7	Everyday	3/22/2024 9:46 AM
8	Everyday	3/22/2024 9:39 AM
9	3/7/24	3/21/2024 2:39 PM
10	3/7/24	3/21/2024 2:31 PM
11	3/7/24	3/21/2024 2:30 PM
12	3/7/24	3/21/2024 2:20 PM
13	3/12	3/19/2024 2:49 PM
14	3/14/2024	3/14/2024 12:16 PM
15	3/14/2024	3/14/2024 12:13 PM
16	3/14/2024	3/14/2024 12:08 PM

Q2 Were you charged an amount in addition to the co-payment?

Answered: 16 Skipped: 0

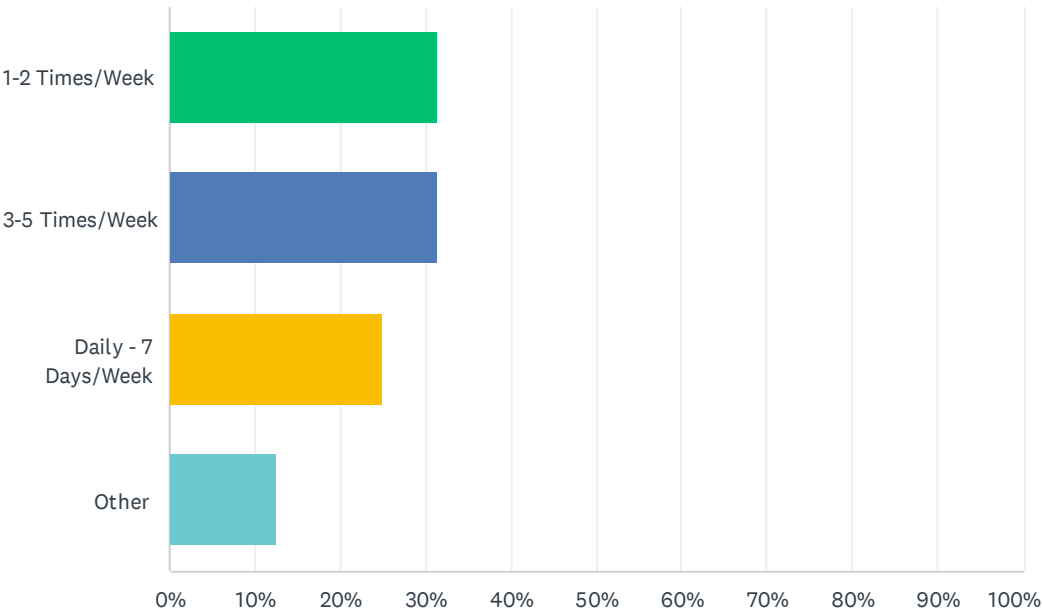


ANSWER CHOICES	RESPONSES	
No	50.00%	8
Yes (if so, how much?)	50.00%	8
TOTAL		16

#	YES (IF SO, HOW MUCH?)	DATE
1	\$1.00 each way	3/27/2024 12:35 PM
2	.50 one way	3/22/2024 4:38 PM
3	\$1.00 each way	3/22/2024 2:07 PM
4	fifty cents one-way	3/22/2024 9:39 AM
5	\$0.50	3/21/2024 2:39 PM
6	\$0.50	3/21/2024 2:31 PM
7	\$0.50	3/21/2024 2:30 PM
8	\$0.50	3/21/2024 2:20 PM

Q3 How often do you normally obtain transportation?

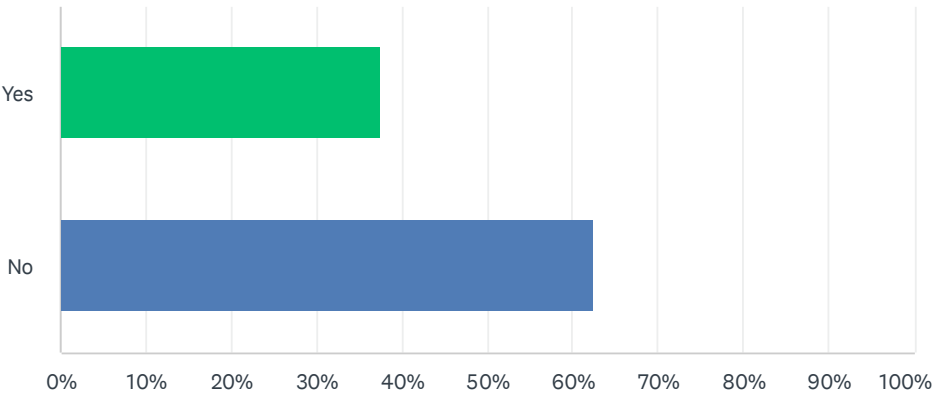
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
1-2 Times/Week	31.25%	5
3-5 Times/Week	31.25%	5
Daily - 7 Days/Week	25.00%	4
Other	12.50%	2
TOTAL		16

Q4 Have you ever been denied transportation services?

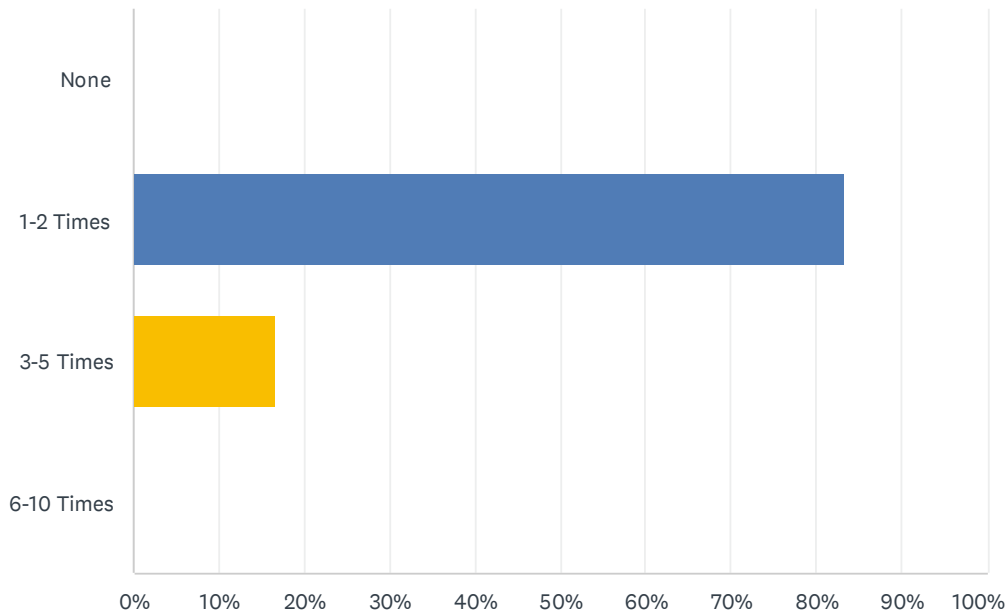
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	37.50%	6
No	62.50%	10
TOTAL		16

Q5 How many times in the last 6 months have you been refused transportation services?

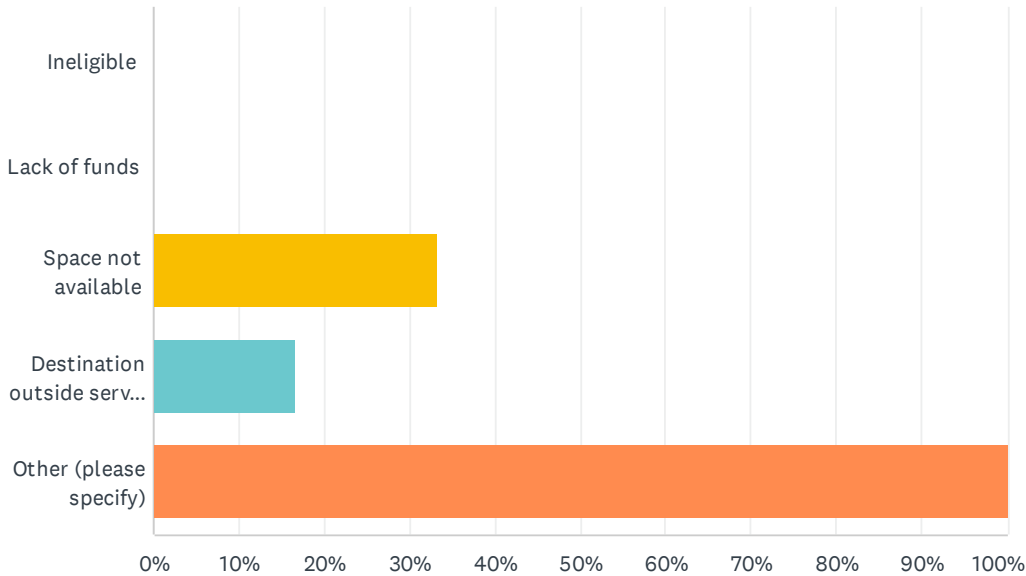
Answered: 6 Skipped: 10



ANSWER CHOICES	RESPONSES	
None	0.00%	0
1-2 Times	83.33%	5
3-5 Times	16.67%	1
6-10 Times	0.00%	0
TOTAL		6

Q6 What was the reason given for refusing you transportation services?

Answered: 6 Skipped: 10

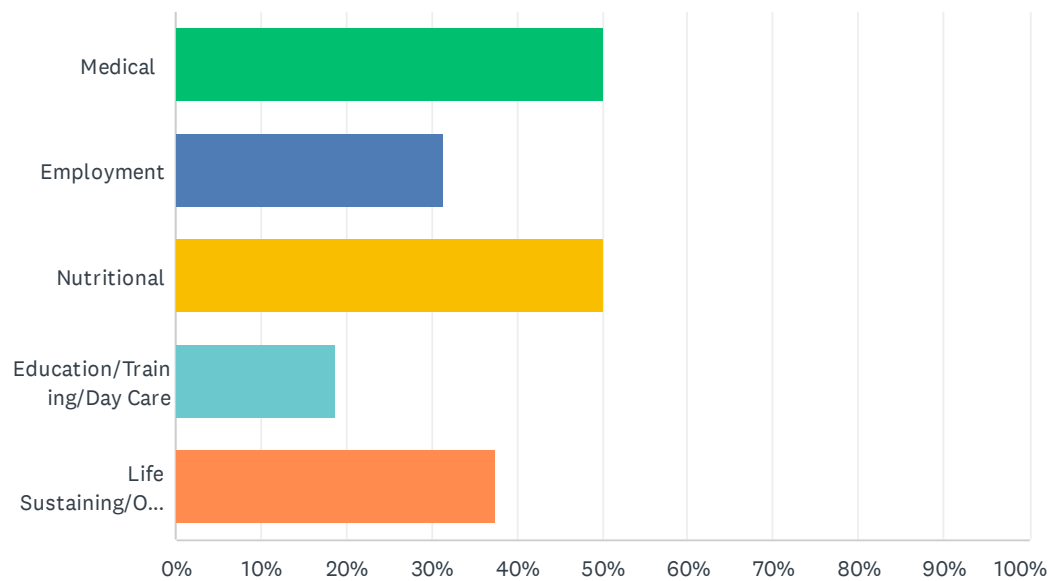


ANSWER CHOICES	RESPONSES	
Ineligible	0.00%	0
Lack of funds	0.00%	0
Space not available	33.33%	2
Destination outside service area	16.67%	1
Other (please specify)	100.00%	6
Total Respondents: 6		

#	OTHER (PLEASE SPECIFY)	DATE
1	didn't schedule in time	3/27/2024 12:36 PM
2	Did not call with 3 days notice, or called after 1:00 pm.m	3/26/2024 8:27 PM
3	was told they couldn't pick her up for late doctor appointments	3/22/2024 4:39 PM
4	Favortism towards certain kinds of people	3/22/2024 2:07 PM
5	Said no space available on app. Driver explained that it was due to more than one person wanting same pick up time.	3/21/2024 2:21 PM
6	There were no buses available at the time I needed.	3/19/2024 2:52 PM

Q7 What do you normally use the service for?

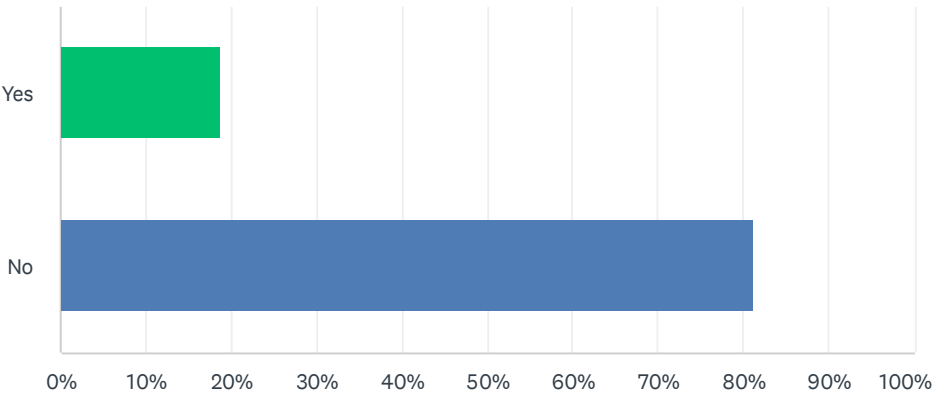
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Medical	50.00%	8
Employment	31.25%	5
Nutritional	50.00%	8
Education/Training/Day Care	18.75%	3
Life Sustaining/Other	37.50%	6
Total Respondents: 16		

Q8 Did you have any problems with your last trip?

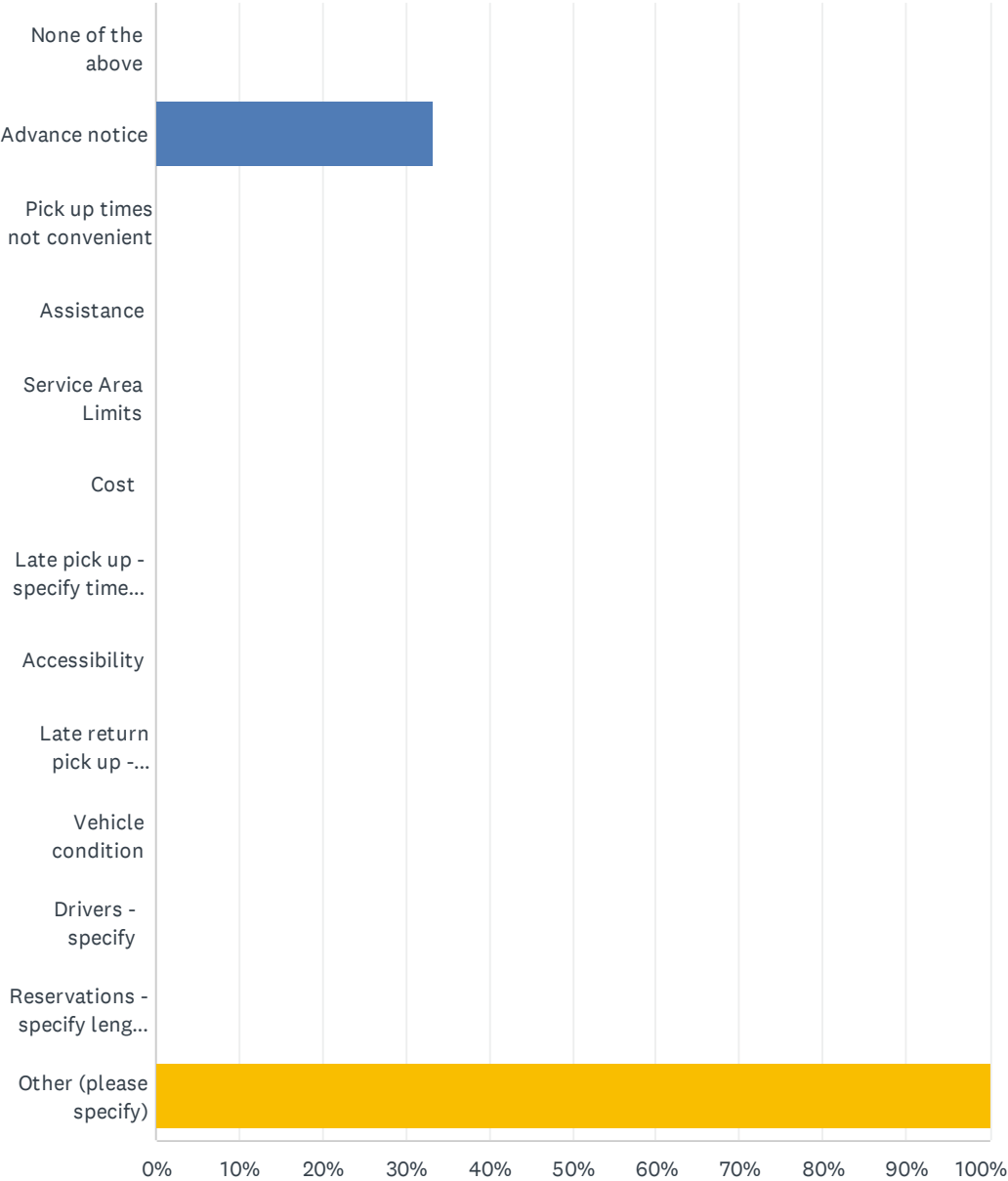
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	18.75%	3
No	81.25%	13
TOTAL		16

Q9 What type of problem did you have with your trip?

Answered: 3 Skipped: 13



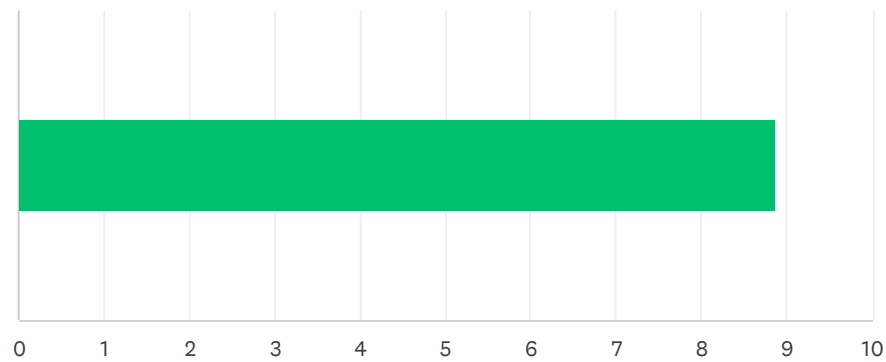
2024 Sumter County Transit Rider Survey

ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Advance notice	33.33%	1
Pick up times not convenient	0.00%	0
Assistance	0.00%	0
Service Area Limits	0.00%	0
Cost	0.00%	0
Late pick up - specify time of wait	0.00%	0
Accessibility	0.00%	0
Late return pick up - length of wait	0.00%	0
Vehicle condition	0.00%	0
Drivers - specify	0.00%	0
Reservations - specify length of wait	0.00%	0
Other (please specify)	100.00%	3
Total Respondents: 3		

#	OTHER (PLEASE SPECIFY)	DATE
1	I am not always given 3 days advanced notice of appointments	3/26/2024 8:30 PM
2	couldn't be picked up after dr. appointment in the afternoon	3/22/2024 4:40 PM
3	Favortism towards certain kinds of people	3/22/2024 2:08 PM

Q10 On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

Answered: 16 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	9	142	16
Total Respondents: 16			

#		DATE
1	10	3/27/2024 12:39 PM
2	10	3/27/2024 12:36 PM
3	6	3/26/2024 8:31 PM
4	10	3/22/2024 4:40 PM
5	0	3/22/2024 2:08 PM
6	10	3/22/2024 10:15 AM
7	10	3/22/2024 9:47 AM
8	10	3/22/2024 9:41 AM
9	10	3/21/2024 2:41 PM
10	10	3/21/2024 2:32 PM
11	10	3/21/2024 2:30 PM
12	8	3/21/2024 2:29 PM
13	8	3/19/2024 2:54 PM
14	10	3/14/2024 12:16 PM
15	10	3/14/2024 12:14 PM
16	10	3/14/2024 12:10 PM

Q11 What does transportation mean to you?

Answered: 15 Skipped: 1

#	RESPONSES	DATE
1	Transit is good	3/27/2024 12:37 PM
2	Independance, but that does not need 3 days notice, or not being able to call after 1:00	3/26/2024 8:33 PM
3	I can't drive, i'm 79 years old with medical issues so its very vital	3/22/2024 4:41 PM
4	Takes me where I need to go	3/22/2024 2:09 PM
5	They're reliable, very courteous, and gentle with my son's behavior.	3/22/2024 10:16 AM
6	If they didn't have it - he wouldn't be able to work. We are very lucky to be in this county to have these services	3/22/2024 9:48 AM
7	A whole lot! I really need it and don't know what she would do without it.	3/22/2024 9:41 AM
8	Everything! It's freedom!	3/21/2024 2:41 PM
9	Means everything!	3/21/2024 2:32 PM
10	Good services provided to work.	3/21/2024 2:31 PM
11	It's a way to get places when you can't get there yourself.	3/21/2024 2:29 PM
12	The ability to be independant to live as others do, without relying and imposing on others.	3/19/2024 2:55 PM
13	It is a true blessing. I don't know what I would do without it. I got to ride twice today with my favorite driver	3/14/2024 12:18 PM
14	It is my lifeline. It gives me freedom.	3/14/2024 12:14 PM
15	It allows me to get to work and helps me in my everyday activities	3/14/2024 12:11 PM

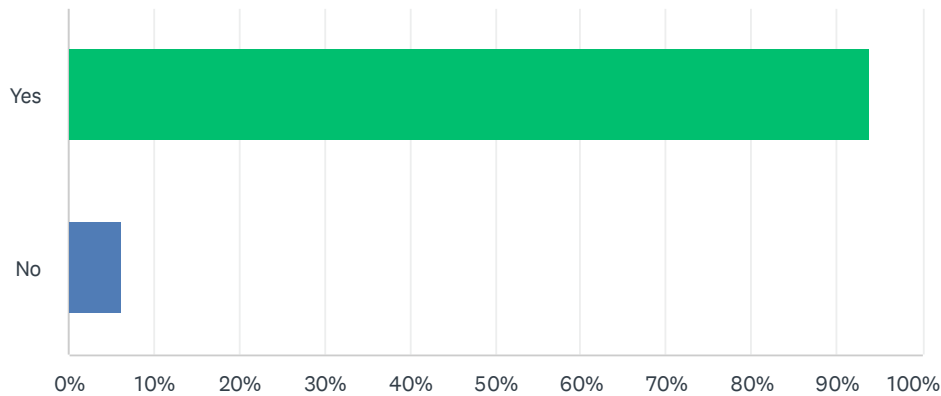
Q12 Do you have any additional comments you would like to share?

Answered: 10 Skipped: 6

#	RESPONSES	DATE
1	Transit is good	3/27/2024 12:37 PM
2	If everything is electronically scheduled, why does it require 3 days notice to schedule, and why cannot it not be scheduled in the afternoon.	3/26/2024 8:34 PM
3	we have neighborhood meetings in my adult community and i'm very surprised that most ppl say the biggest problem is people need rides but they don't know about the transit services in the community.	3/22/2024 4:43 PM
4	Meeting w/Debra Synder on the 1st of April to discuss concerns.	3/22/2024 2:10 PM
5	John loves riding the bus. He loves when they pick him up and they take certain routes because he likes riding the bus.	3/22/2024 10:17 AM
6	They have been very significant and accommodating	3/22/2024 9:49 AM
7	They are wonderful - please don't ever take the services away and help the drivers b/c they have a lot to deal with including grumpy people. The drivers are wonderful!	3/22/2024 9:42 AM
8	I wish there were more buses so that the operating times could be longer and trips would not be denied during high volume times.	3/19/2024 2:57 PM
9	This is such a blessing for me, and it gives me an opportunity to get out	3/14/2024 12:19 PM
10	The driver is always kind and considerate	3/14/2024 12:11 PM

Q13 May we anonymously use your comments in publications?

Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	93.75%	15
No	6.25%	1
TOTAL		16