

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells / Mike Cannon</i>	DATE <i>1-4-07</i>
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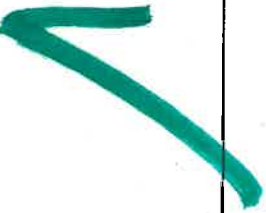
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>600441</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Extend 2/2/07 per Mike Cannon on 1/23/07 cleared 2/1/07 per attached letter.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-2-07</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

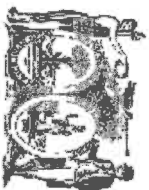
TO <i>Mells</i>	DATE <i>1-4-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000441</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-16-07</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
*3.			
4.			

STATE OF SOUTH CAROLINA
State Budget and Control Board
GENERAL SERVICES DIVISION

MARK SANFORD, CHAIRMAN
GOVERNOR
GRADY L. PATTERSON, JR.,
STATE TREASURER
RICHARD ECKSTROM
COMPTROLLER GENERAL



HUGH K. LEATHERMAN, SR.
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DANIEL T. COOPER
CHAIRMAN, WAYS AND MEANS COMMITTEE
FRANK W. RUSCO
EXECUTIVE DIRECTOR

M. RICHBOURGH ROBERSON
DIRECTOR

STATE FLEET MANAGEMENT
140 STONERIDGE DR., SUITE 650
COLUMBIA, SC 29210
(803) 737-0668
FAX (803) 737-1160

WARREN J. MCCORMACK
STATE FLEET MANAGER

RECEIVED

JAN 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 3, 2007

Mr. Robert Kerr
Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Reg. Wells
"Copy. Sign"

RE: State Vehicle SG453 - Log #0701182

Dear Mr. Kerr:

We recently received the enclosed information concerning possible misuse of a state-owned vehicle. State Fleet Management has been directed by the State Budget and Control Board to forward all customer concerns to the appropriate agency for review of the facts regarding the incident.

Please provide our office a copy of your findings. We may then forward a copy of your response to the citizen originating this action. If I may provide any further assistance or clarification on this subject, please advise.

Respectfully,

Warren J. McCormack
Warren J. McCormack
State Fleet Manager

WJM/kw

Enclosures

OPERATIONS

COMPLIANCE AND ADMINISTRATION

MAINTENANCE

Vehicle Incident Report Form

KAREN WILKES
Fax 737-1160

1/2/07

State Budget and Control Board
General Services Division
Office of State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia, SC 29210-8257

The State of South Carolina requires its employees to operate State vehicles in a safe and courteous fashion, obeying all transportation laws. Citizens who observe a State vehicle being operated improperly are asked to notify State Fleet Management of such incidents. Please notify our office by completing the form below and sending it to the address listed at the top of this page. We will forward a copy of the complaint to the appropriate agency for an investigation of the incident to determine if corrective action is required. We at State Fleet Management sincerely appreciate your interest and concern for the proper operation of the vehicles belonging to the State, and we thank you for your time and effort.

Date of Observation Date: Friday, December 29, 06 Time: 4:15

AM PM

Vehicle Identification (if known)

License Tag No.: SG 453

Year: _____

Make: Bus

Model: _____

Driver Identification (if known) Name: _____

Approximate Age: 30

Sex M

Description: _____

Location of Incident (such as street, highway, intersection, direction of travel)
MORRANELL'S LIQUOR STORE 3155 FOREST DRIVE COLUMBIA SC

Brief Description of Incident (please be specific; attach additional pages as necessary)
THE BUS DRIVER CAME OUT OF THE LIQUOR STORE CARRYING A PAPER

BAG, GOT IN THE BUS AND DROVE OFF.

I AM SURE THE STATE HAS SOME RULE PROHIBITING EMPLOYEES BUYING
LIQUOR ON STATE TIME AND CARRYING LIQUOR WITH YOU WHILE DRIVING A BUS.

☒ Please check the box at left to receive a copy of the Agency's response to this complaint. Although signature and address are optional, we can't give you a written response without an address or a fax number.

Signature: William P. Smith

Telephone: 803-739-4360

Name (please print): William P. Smith

Fax: 803-739-4365

Address: 929 N. Lucas ST

City: West Columbia

State: SC ZIP: 29169

SFM Use Only

Date of Call Date: _____

Time: _____

AM / PM Telephone: _____

Received by: Name: _____

Signature: _____

Original: State Fleet Management
Copy: Agency



2817 Millwood Avenue
Columbia, South Carolina 29205
803/252-7734 fax 803/ 929-0349
<http://www.seniorresourcesinc.org>

RECEIVED

FEB 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ref Log #1441

CASE MANAGEMENT
HOME CARE
INFORMATION & REFERRAL
ASSISTANCE
MEALS ON WHEELS
WELLNESS CENTERS
SENIOR COMPANIONS
TRANSPORTATION
FOSTER
GRANDPARENTS
RETIRED AND
SENIOR VOLUNTEER
PROGRAM

February 1, 2007

Mr. Michael Easterday
Director
Office on Aging
1301 Gervais Street, Suite 200
Columbia, SC 29201

Dear Mr. Easterday:

I am attaching a copy of the letter that was sent to State Fleet Management in regard to the findings and actions taken in regard to the Vehicle Incident Report on Vehicle Tag #SC453. Please be advised that this vehicle is leased by Senior Resources, Inc. and used in the Title XIX Medicaid Transportation Program and is not used to transport seniors as part of our Title III Transportation Program.

If you have further questions or need further clarification please contact me at 803-252-7734.

Sincerely,

Deborah

Deborah L. Bower
Executive Director

Curtis Mansel
Joe Pinner
Members at Large
Executive Director
Deborah L. Bower

cc: File



Resources

CASE MANAGEMENT
HOME CARE
INFORMATION & REFERRAL ASSISTANCE
MEALS ON WHEELS
WELNESS CENTERS
SENIOR COMPANIONS
TRANSPORTATION
FOSTER GRANDPARENTS
RETIRED AND SENIOR VOLUNTEER PROGRAM

2817 Millwood Avenue
Columbia, South Carolina 29205
803/252-7734 fax 803/929-0349
<http://www.seniorresourcesinc.org>

February 1, 2007

Mr. Warren J. McCormack
State Fleet Manager
Office of State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia, SC 29210-8257

Dear Mr. McCormack:


I am in receipt of the Vehicle Incident Report on vehicle tag number SG 453. This vehicle is leased by our agency and used in the Title XIX Medicaid Transportation Program. We have completed our investigation of the report which included:

- Driver interview
- Check of the driver manifest
- Verification of van location through GPS printout

The driver admitted stopping at Morganelli's after he had completed his work and signed out for the day. This driver takes his assigned vehicle home with him at nights. He made the stop, a few blocks from his personal residence, on his way home, to "save a few minutes". The times and stops were verified through the driver manifest and GPS printout.

The driver has been counseled in regard to the incident, accepts full responsibility, and has received a 3 consecutive day suspension without pay. This formal Disciplinary Action will be placed in his personnel file. He is aware and it has been documented that any further incidents of this nature will result in further disciplinary action up to and including termination.

If you have any additional questions or concerns please contact me or Robert Gantt, Director of Transportation, at 803-252-7734.

Sincerely,

Deborah L. Bower
Executive Director

cc: R. Gantt
R. Kerr
M. Easterday
File

Board of Directors
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President
Sarah W. Pinchney
Vice President
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Kathy Moreland
Gene Reeder
Billy Way
Curtis Mansel
Joe Pinner
Members at Large
Executive Director
Deborah L. Bower



2817 Millwood Avenue
Columbia, South Carolina 29205

RECEIVED

FEB 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

29201+2403



*Mr. Robert Kent
SEAN &
1801 Myra Street
Columbia, SC
29201*

189 5535 # 00.390 FEB 02 07
PB8707573
6672 MAILED FROM COLUMBIA, SC 29205
UNITED STATES POSTAL SERVICE

809



2817 Millwood Avenue
Columbia, South Carolina 29205
803/252-7734 fax 803/929-0349
<http://www.seniorresourcesinc.org>

Resources

CASE MANAGEMENT
HOME CARE
INFORMATION & REFERRAL ASSISTANCE
MEALS ON WHEELS
WELLNESS CENTERS
SENIOR COMPANIONS
TRANSPORTATION
FOSTER GRANDPARENTS
RETURNED AND SENIOR VOLUNTEER PROGRAM

February 1, 2007

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Office of State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia, SC 29210-8257

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Sincerely,

Deborah L. Bower

Deborah L. Bower
Executive Director

cc: R. Gantt
R. Kerr
M. Easterday
File

Now SRI Program Available: *Caring Hands Private Pay Services*
Older Americans Act / Richmond County Council / SC Department of Health and Human Services / United Way of the Midlands

02/05/2007 11:10AM