Sample Form

**Early Education and Care Transportation Log**

**Date of Service**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver Name (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitor Name (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable)

**Transportation Delivery Type**: To Program –or– From Program (circle one)

|  |  |  |
| --- | --- | --- |
| Child Information | Pick-Up Verifications | Drop-Off Verifications |
|  |  |  |  |  |  |
| Last Name | First Name | Time | Verified | Time | Verified |
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By signing this transportation log, I verify that I have physically walked through the vehicle and inspected all seat surfaces, under all seats and in all compartments or recesses of the vehicle’s interior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Driver Signature Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Monitor/Additional Reviewer Signature (if applicable) Time

**Copies of completed Transportation Logs must be sent to the Provider/System. Original records shall be maintained by the Transportation Provider.**