

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

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