**Department of Early Education and Care**

**TRANSPORTATION**
**DRIVER and MONITOR FILE CHECKLIST**

**Please complete this checklist of required documentation for each driver and monitor utilized by your program.**
**Enter dates of receipt/completion and expiration as needed.**

| | Name and Position: | | |
|---|---|---|---|
| | **1. Certification and Personal Information** | | |
| | | **Date Received/ Completed** | **Expiration Date** |
| **a.** | MA Driver's License (drivers only); Photo ID for monitors | | |
| **b.** | Employment Application or Subcontractor name and contact | | |
| **c.** | Driver/Monitor Contact Information | | |
| **d.** | EEC BRC suitable determination letter | | |
| **e.** | MA 7D School Pupil Transport Vehicle Certificate or School Bus license | | |
| **f.** | First Aid Certification | | |
| **g.** | CPR Certification | | |
| **h** | Entered into EEC's Professional Qualifications (PQ) Registry | | |
| | **2. Trainings** | | |
| | | **Date Received/ Completed** | **Expiration Date** |
| **a.** | StrongStart Transporting Children | | |
| | **3. Transportation Policies and Regulations** | | |
| | **(Drivers and Monitors must acknowledge receipt of all documented below on a separate form.)** | | |
| **a.** | Copy of 606 CMR 7.13 - Transportation Plan | | |
| **b.** | Copy of Transportation Oversight Plan, if applicable | | |
| **c.** | EEC Financial Assistance Policy Guide: Appendix E, if applicable | | |
| **d** | Copy of Procedures for the Drop-Off and Pick-Up of Children by Transportation Providers and Parent/Program Notification | | |
| **e.** | Training on using the provider Transportation Passenger Log | | |