

The Commonwealth of Massachusetts
Department of Early Education and Care

Transportation Supplement

This form must be completed for each vehicle used to transport children in accordance with 7.13(2) of the EEC FCC, Small Group and School Age, and Large Group and School Age regulations.

Type of vehicle (van, station wagon, bus, mini-bus, other): _____

Make and year of vehicle (Ford, Dodge, etc.): _____

Massachusetts registration number: _____

Legal seating capacity: _____ Number of seat belts or approved safety carriers: _____

Maximum number of children transported at one time: _____

The longest trip between child's home and the program takes _____ minutes.

Liability Insurance: A copy of the current policy must be on file at the program.

- Injury per person \$ _____
- Injury per accident \$ _____
- Property Damage \$ _____

People authorized to transport children in the above vehicle:

Name: _____ MA License #: _____

Date of physical: _____ Date of First Aid Training: _____

Date of CPR Training: _____ Date of Orientation to Transp. Plan: _____

Name of attendants other than driver (if required)

Name: _____ Date of physical: _____

Date of First Aid Training: _____

Describe and submit transportation plan. Please refer to regulation 7.13 (1) - (6) which outlines the regulatory requirements. Please refer to EEC's website to access a technical assistance paper regarding how to write a transportation plan.