

## Transportation Log

Name of Child Care Facility/Home/Large Family Child Care Home: \_\_\_\_\_

**Driver Instructions:** Before transporting the children, the driver must record the current date, departure location and departure time, destination, each child's first and last name, and place an "X" in the "In Vehicle" column for each child as the child enters the vehicle. Upon arrival at the destination, the driver must: (1) Record the arrival time, (2) Watch each child exit the vehicle and place an "X" in the "Out of vehicle" column after each child has exited the vehicle, (3) Conduct a physical inspection and visual sweep of the entire vehicle, including all rows, seats, and under seats to ensure all children have exited the vehicle and no children were left in the vehicle, and (4) Immediately sign and date the log after the physical inspection and visual sweep, attesting all children have exited the vehicle.

**2<sup>nd</sup> Staff Member Instructions (Child Care Facilities Only):** Upon arrival at the destination, a 2<sup>nd</sup> staff member must: (1) Conduct a physical inspection and visual sweep of the entire vehicle, including all rows, seats, and under seats to ensure all children have exited the vehicle and no children were left in the vehicle, and (2) Sign and date the log immediately after conducting the physical inspection and visual sweep, attesting all children have exited the vehicle.

	Date (mm/dd/yy): ___/___/___ Departure Location: _____ Destination: _____ Time of Departure: ___:___ AM PM Time of Arrival ___:___ AM PM			Date (mm/dd/yy): ___/___/___ Departure Location: _____ Destination: _____ Time of Departure: ___:___ AM PM Time of Arrival ___:___ AM PM			Date (mm/dd/yy): ___/___/___ Departure Location: _____ Destination: _____ Time of Departure: ___:___ AM PM Time of Arrival ___:___ AM PM			Date (mm/dd/yy): ___/___/___ Departure Location: _____ Destination: _____ Time of Departure: ___:___ AM PM Time of Arrival ___:___ AM PM		
Child's Name (First Last)	In vehicle	Out of vehicle		In vehicle	Out of vehicle		In vehicle	Out of vehicle		In vehicle	Out of vehicle	
			V I S U A L			V I S U A L			V I S U A L			V I S U A L
			S W E E P			S W E E P			S W E E P			S W E E P
			↓			↓			↓			↓
By signing below, I attest to the following: (1) I have performed a physical inspection and visual sweep of the entire vehicle from front to back, including all rows, seats and under seats, (2) All children safely exited the vehicle and are accounted for, and (3) No children were left in the vehicle.												
<b>Signature of Driver/Date</b>												
<b>Signature of 2<sup>nd</sup> Staff Member/Date (Child Care Facilities Only)</b>												