Weekly Transportation Log - Daily Transportation in Facility Owned Vehicle

ROUTE # _____ NAME OF VEHICLE DRIVER_____

WEEK OF _____ NAME OF MONITOR _____

Scheduled Time to Pick Up or Drop Off	Address of Pick Up or Drop Off Location	Contact Phone #	First and Last Name of Each Child	Mon Time On	Mon Time Off	Tues Time On	Tues Time Off	Wed Time On	Wed Time Off	Thurs Time On	Thurs Time Off	Fri Time On	Fri Time Off
Signature of staff verifying that the documentation is correct and that no child was left on the vehicle.													

922 KAR 2:120 Section 12. Transportation

(2) A center providing or arranging transportation service shall: (b) Have a written plan that details the type of transportation, staff schedule, transportation schedule, and transportation route;
(17) Transportation services provided shall: (a) Be recorded in writing and include:1. The first and last name of the child transported and; 2. The time each child gets on and the time each child gets off;
(b) Be completed by a staff member other than the driver; and (c) Be kept for 5 years.