



Division of Childcare and Early Childhood Education



P.O. Box 1437, Slot S155 · Little Rock, AR 72203-1437
 501-320-8968 · Fax: 501-682-2334 · TDD: 501-682-1550

Transportation

Time Pick up _____

Time Drop off _____

Sponsor Proof current commercial vehicle insurance: Yes ___ No ___

Expiration Date: _____

<i>Driver 's Name(s)</i>	<i>Background Check</i>	<i>Age</i>	<i>Training</i>

Is driver Training course documented and verification on file for each driver?

Yes ___ No ___.

Vehicle Inspection: _____.

Is Vehicle used to transport more than 7 passengers and one driver? Yes ___ if yes vehicle must have safety alarm device installed.

If No ___ Correction Action required.

Is Alarm inspected and working? Yes ___ No ___

Programs produced rosters, listing date, number of children being transported, as well as driver's name, and other staff /volunteer on the vehicle maintained onsite and on vehicle.

(See Attachment)

Transportation Roster

Date _____ Time Pick up _____ Time Drop off _____

Driver's Name _____ Other Adult _____

Name	Age
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	