

**Arkansas Department of Human Services  
Summer Food Service Program  
Transportation Questionnaire**

Pick Up Time:		Drop Off Time:	
TQ1.	Does the Sponsor maintain proof of current commercial vehicle insurance? Record expiration date below.	YES	NO
Comment:			
TQ2.	Complete the chart below.		
	Driver Name	Background Check (Date Completed)	Age
			Training (Date Completed)
Comment:			
TQ3.	Is a Driver Training course documented and verification on file for each driver?	YES	NO
Comment:			
TQ4.	Has a vehicle inspection been completed for each vehicle used for the SFSP? List the dates of inspection for each below.	YES	NO
Comment:			
TQ5.	Are any program vehicles used to transport more than 7 passengers and the driver?	YES	NO
Comment:			
TQ6.	Has the alarm been inspected and working properly?	YES	NO
Comment:			
TQ6.	Are programs produced rosters, listing date, number of children being transported, as well as drivers' name, and other staff/volunteers on the vehicle maintained onsite and on the vehicle.	YES	NO
Comment:			

**Arkansas Department of Human Services  
 Summer Food Service Program  
 Transportation Roster**

Date:		
Time Picked Up:		Time Dropped off:
Driver Name:		Other adult:
	Name	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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18.		
19.		
20.		