FIELD TRIP ROSTER

STAFF IN CHARGE _____

NAME OF ADDITIONAL STAFF:

_____

_____

DATE OF TRIP _____

DESTINATION #1 _____
ADDRESS _____

DESTINATION #2 _____
ADDRESS _____

First and Last Name of Each Child	Time On Vehicle	Time Off At Destination	Time On Vehicle	Time Off At Destination

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.

Revised 8-3-18