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| **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** |
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|  | Signature of staff verifying that the documentation is correct and that no child was left on the vehicle.  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Daily Transportation Log**

**ROUTE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF VEHICLE DRIVER \_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **WEEK OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF MONITOR/STAFF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**

**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.*