

FACILITY TRANSPORTATION INFORMATION

FACILITY NAME _____

Does your facility plan to transport children while they are in your care? NO YES

- ✓ If you have answered **YES** to the above, you must attach your written transportation policy. This policy must include age groups being transported.
- ✓ If you have answered **NO** to the above, please sign below to confirm your intent.

We will not be transporting children at this time. If we decide at a later date to begin offering transportation on a regular or occasional basis, we will contact the verifying agency, The Consultant's Consortium, to demonstrate compliance with CCDF Provider Eligibility Standards prior to transporting children. I am an authorized representative of the facility and I affirm the above statement is true and correct.

Signed _____ Title _____ Date _____

THIS PORTION OF THE FORM MUST BE COMPLETED IF YOU INTEND TO TRANSPORT CHILDREN

When transporting children in our care, we will use one of the vehicles listed below.

VEHICLE #1

VEHICLE #2

YEAR: _____

YEAR: _____

MAKE: _____

MAKE: _____

MODEL: _____

MODEL: _____

COLOR: _____

COLOR: _____

State &
PLATE Number _____

State &
PLATE Number _____

INSURANCE COMPANY: _____

INSURANCE COMPANY: _____

You must provide a copy of the registration and insurance card for EACH vehicle.

When transporting children in our care, one of the following driver(s) who are at least 18, holds a valid driver's license and is myself or is included on the Employee and Volunteer Form #B-1 will be responsible for driving and securing children.

DRIVER #1 (Applicant, if applicable)

DRIVER #2

DRIVER #3

NAME: _____

NAME: _____

NAME: _____

BIRTH DATE: _____

BIRTH DATE: _____

BIRTH DATE: _____

You must provide a copy of each driver's valid license and list the persons, other than the applicant, on Form B-1.

By my signature below, I confirm I understand CCDF Provider Eligibility Standards require us to ensure the following:

- ✓ The vehicle is properly plated and insured at all times; and
- ✓ The drivers are at least 18 years of age and holds a valid driver's license; and
- ✓ The driver is considered an employee or volunteer and therefore has met all CCDF Provider Eligibility Standards.

Further, I understand the children must be transported safely and we must follow proper seatbelt procedures as required by Indiana state law.

Applicant Signature: _____ Title _____ Date: _____