

CHILD CARE SERVICES WEBINAR

TRANSPORTATION

CHILD CARE SERVICES WEBINAR

**Jennifer Cluley, Associate Project Director
Best Practices Training
Georgia State University**

Goals

- 1. Summarize key points of the Transportation rules.**
- 2. Understand on-going training requirements for center staff involved in transporting children.**
- 3. Identify and learn to manage distractions while transporting young children.**

Core Rules

- Diapering
- Discipline
- Field Trips
- Hygiene
- Safe Sleep
- Medications
- Physical Plant
- Playgrounds
- Staff : Child Ratios
- Supervision
- Transportation
- Water Safety

Transportation Rule



This rule applies to all transportation provided by any staff or non-staff person by your center

Training Requirement

**Director and anyone
involved in transportation**

2 hours of training

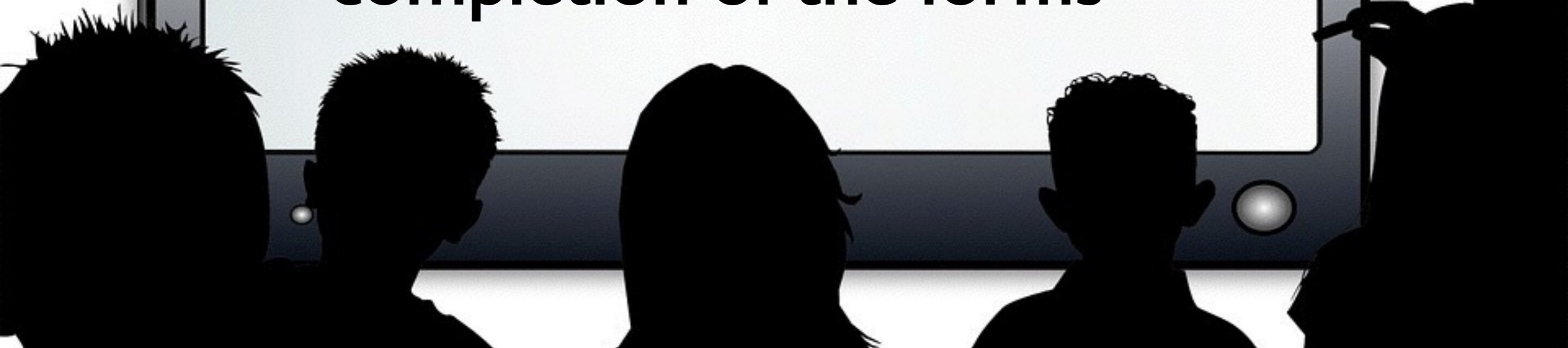
Every 2 years



Training Requirement

Training must include:

- Review of 591-1-1-36 rules
- Review of approved transportation forms
- Instruction on usage and completion of the forms



Training Requirement

If your program offered transportation services to children prior to June 30, 2015 you were required to complete your training prior to this date.

If your program began transporting children after June 30, 2015, you are required to complete the two-hour State approved training prior to beginning transportation services.

helping you give
wings
to children and families

Nationally recognized for over **24 years** of experience providing **150+** online course for early childhood education and human services.



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\$10
one-hour

24/7

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1yr. UNLIMITED

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Vehicle Safety Check



Vehicle Safety Check

The annual safety check should include:

- **tires**
- **headlights**
- **horn**
- **taillights**
- **turn signals**
- **brake lights**
- **brakes**
- **suspension**
- **exhaust system**
- **steering**
- **windows/windshields**
- **windshield wipers**

Vehicle Safety Check

BRIGHT FROM THE START
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
ANNUAL
TRANSPORTATION VEHICLE SAFETY
INSPECTION CERTIFICATION

ITEMS TO BE INSPECTED	O.K.	DEFICIENT	CORRECTIONS OR ADJUSTMENTS MADE	REMARKS
✓ Brakes	✓			
✓ Head Lights	✓	✓		
✓ Tail Lights	✓	✓		
✓ Stop Lights	✓			
✓ Turn Signals	✓			
Tires	✓			
Suspension	✓			
Steering	✓			
Windshield Wipers	✓			
Windshield and Windows	✓			
Exhaust System	✓			
Horn	✓			
Heating System	✓			

- Report should include:
- findings
 - suggested repairs and replacements
 - inspector's signature

Owner/Operator of Vehicle: The Sunshine House

Address: 800 Eagles Pointe Pkwy
Stockbridge GA 3028

Make/Model: _____

Tag Number: AVX 8809

Speedometer Reading: 17015

Mechanic's Signature: _____

Jody C. Bryan

Date of Inspection: 12-22-10

Preparing to Transport



Preparing to Transport

Remove hazards that

- are not needed
- may impact seating
- block walkways
- block doors
- prevent safe entry
- prevent safe exit



Preparing to Transport

Check the seats

- not torn
- no toys
- no exposed wires, oil cans, antifreeze
- no food containers
- securely fastened



Preparing to Transport

Make sure the fire extinguisher is in working order and not accessible to children.



Preparing to Transport



Child passenger restraints must be installed and used according to the manufacturer's guidelines

Preparing to Transport



- Keep on file proof of the manufacturer's seating capacity rating.
- Follow seating capacity guidelines.

Preparing to Transport



Preparing to Transport



Follow state and federal laws and manufacturer's guidelines for permitting children to sit in the front seat.

Preparing to Transport



Windows on the vehicle can only be opened half way with the exception of the driver's window.

Driver Criteria

1. At least 18 years old
2. Have a current driver's license for the type of vehicle being driven



CPR & First Aid Training

CPR Training
2 year validity

First Aid Training
3 year validity



Staff-to-Child Ratios

Driver + one staff member with

- 3 or more children under age 3**
- 7 or more children under age 5**
- 18 or more children 5 or older**

Staff-to-Child Ratios

Transporting more than 36 children?

Driver + one staff member and...

An additional staff member for every 20 children

Parental Permission

Sample Transportation Agreement

This is to certify that I give _____
Name of Facility

Permission to transport my child _____
Name of Child

from _____ at _____ (am/pm)
Pickup Location

to _____ at _____ (am/pm).
Delivery Location

My child will be transported from _____ at _____ (am/pm)

to _____ at _____ (am/pm)
Delivery Location

on the following days:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
Location

In the event that my child is not to be transported as outlined above, I agree to notify the

Facility

Signature (Parent/Guardian) _____ Date _____

**Pick-up Location
& Time**

Delivery Location

**Person authorized
to receive child**

Transportation Plan

- 
- 1. Center and Passenger Information**
 - 2. Emergency Medical Information**
 - 3. Passenger Transportation Checklists**

Transportation Plan

Center and Passenger Information

- Center Name
- Center Phone Number
- Driver's name
- Child's Name
- Child's Pick-up Location
- Pick-up Time
- Delivery Location
- Alternate Delivery Location
- Person Authorized to Receive Child

Transportation Plan

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

Emergency Medical Information

Transportation Plan

*New form completed for each route

School Transportation Form

Week of: **March 17 – 21, 2014**

Facility Name: ABC Learning Center

Phone #: 770-456-7890

Staff on Vehicle: Betty Smith

Vehicle Tag Number APK178

	Pick-up Location	Delivery Location
AM Route	ABC Learning Center	East Side Elementary
PM Route	East Side Elementary	ABC Learning Center

Identifying facility information

Identifying information for drop off and pick up locations

School Transportation Plan (use one form per school)

Child's First & Last Name

Hayden Hicks
Camryn Jones
Travis Mitchel
Bella Lewis

Transported children listed here (first and last names)

Mark for each child:

√ = Load/Unload

A = Absent

MON		TUES		WED		THURS		FRI	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
L	U	L	U	L	U	L	U	L	U
√	√	√	√	√	√	A	A	√	√
√	√	√	√	A	A	√	√	√	√
A	A	A	A	√	√	√	√	√	√
√	√	√	√	√	√	√	√	A	A

COMMENTS

Friday 3/21 – there was a wreck that caused delay in traffic and more than 45 min.

Check on and off of vehicle here. Make sure nothing is left blank

	Depart Time: (from facility)	Load/Unload Time: (at school)	Return Time: (to facility)	FIRST CHECK Signature of staff - no child left:	SECOND CHECK Signature of staff - no child left:	If applicable, signature of staff who reported by phone that vehicle checked:	If applicable, name of person reported to:
MON	AM	7:00 am	7:10 am	7:20 am	Betty Smith	Laura Waters	
	PM	2:50 pm	3:00 pm	3:10 pm	Betty Smith	Laura Waters	
TUE	AM	7:00 am	7:10 am	7:20 am	Betty Smith	Laura Waters	
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L	U	L	U	L	U	L	U	L	U	L	U	L	U	L	U	L	U	L	U
√	√	√	√	√	√	A	A	√	√	√	√	A	A	A	A	√	√	√	√
√	√	√	√	A	A	√	√	√	√	√	√	√	√	√	√	√	√	√	√
A	A	A	A	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
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School Transportation Form

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Facility Name: ABC Learning Center

Vehicle Tag Number APK178

Pick-up Location

AM Route	ABC Learning Center
PM Route	East Side Elementary

Identifying facility information

School Transportation Plan (use one form per school)

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MON								TUES			
AM				PM				AM		PM	
L	U	L	U	L	U	L	U	L	U		
√	√	√	√	√	√	A	A	√	√		
√	√	√	√	A	A	√	√	√	√		
A	A	A	A	√	√	√	√	√	√		
√	√	√	√	√	√	√	√	√	√		



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PM Route	East Si

School Transportation Plan (use one form per school)

√ = Load

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MON			
AM		PM	
L	U	L	U
√	√	√	√
√	√	√	√
A	A	A	A
√	√	√	√



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WED	AM	7:00 am	7:10 am	7:20 am				

Transportation Plan



=



Routine Transportation Tips

- 1. Trips between center and destination should be 45 minutes or less (excluding field trips)**
- 2. Centers are responsible for the child's care and safety from pick-up to drop off.**
- 3. Only drop off a child when the authorized person is present to receive the child.**
- 4. Have a written policy for situations when the authorized person is not present.**

Supervision Plan

Identify distractions



people talking

inclement weather



music and singing

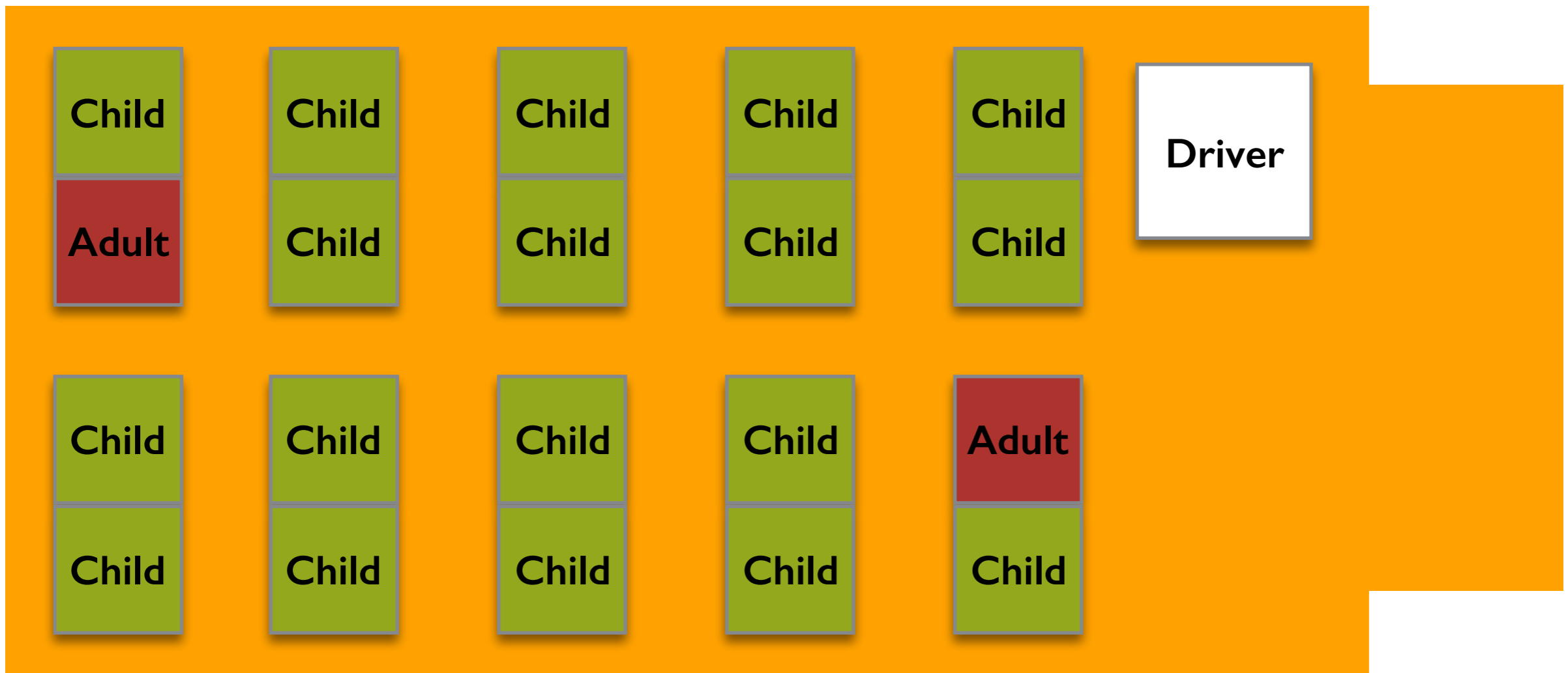
Supervision Plan



**NO
Talking
Texting
or
Checking
messages**

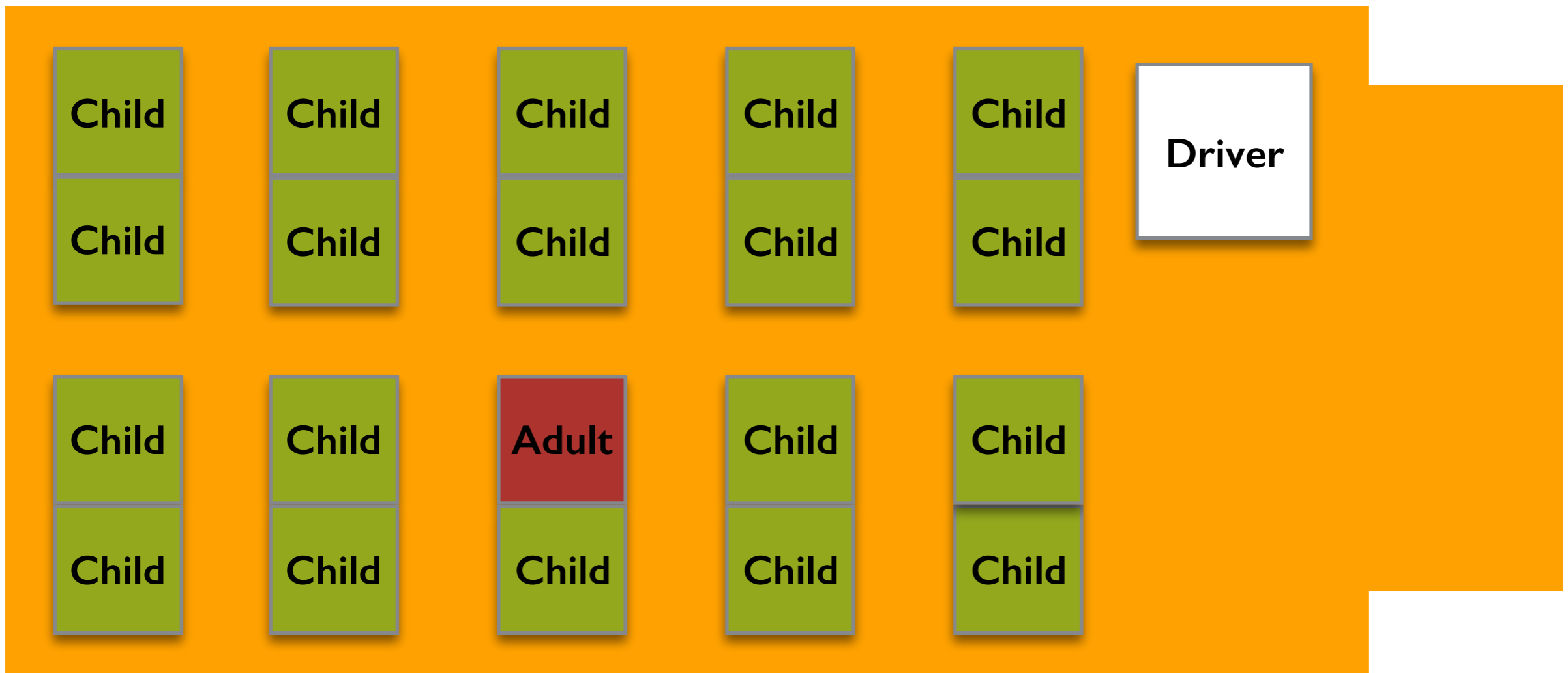
Supervision Plan

Driver + two staff members



Supervision Plan

Driver + one staff member



Supervision Plan

**Be an
active
listener**



Transportation



Q & A

**Shawnell Johnson, Quality Improvement and
Training Unit Manager
Dana Bond, South East Region Manager**

**Bright from the Start: Georgia Department
of Early Care and Learning**