|  |  |
| --- | --- |
| Date | Location  |
| Depart Center/Time | Arrive at Center/ Time |
|  |
| Child’s Name | In | Out | In | Out |  |
|  |  |  |  |  |  |
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|  |
| **Total Children** |  |  |  |  |  |
| Both Caregivers sign to ensure ALL children have departed the buggy |
| Caregiver Signature -Departure  |   |
| Caregiver Signature -Departure |  |
| Caregiver Signature -Return |  |
| Caregiver Signature -Return |  |

TRI-COUNTY COMMUNITY COUNCIL, INC. EARLY HEAD START BUGGY PRE AND POST INSPECTION

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **ITEMS TO CHECK** | **PRE-TRIP****STAFF SIGNATURE**  | **POST TRIIP****STAFF SIGNATURE** |
|  | **PRE- First aid kit is supplied; Center Cell phone is available for fieldtrip.****POST- All passengers are off the buggy, personal items are off the buggy** |  |  |