Chicano Federation of San Diego County

Form Revised 07/2024

Transportation Schedule Form

Provider's Name	
Provider's ID	

Instructions: This form must be filled out for all Providers who transport school-age children before and after school. Please record the Provider's schedule for dropping off children and picking children up from school. This allows Chicano Federation site monitors and CACFP auditors determine the best time to conduct a review. If at any time your transportation schedule changes be sure to update it with your assigned site monitor to avoid any unsuccessful reviews.

Monday	Tuesday	Wednesday	Thursday	Friday
Dropping off Time:	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**
Picking up Time:	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**

Minimum Day Schedule:

Dropping off Time:	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**
Picking up Time:	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**

Provider Signature: _____ **Date:** _____

Day Care Home Sponsor Use Only

Printed Name of Monitor: _____

Signature of Monitor: _____

Date: _____ **Provider ID:** _____

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Formulario de horario de transporte

Nombre de Proveedor	
ID de Proveedor	

Instrucciones: Este formulario debe ser completado por todos los proveedores que transportan niños en edad escolar antes y después de la escuela. Registre el horario del proveedor para dejar y recoger a los niños de la escuela. Esto permite a los monitores del sitio de Chicano Federation y a los auditores del CACFP determinar el mejor momento para realizar una revisión. Si en algún momento su horario de transporte cambia, asegúrese de actualizarlo con su monitor de sitio asignado para evitar revisiones fallidas.

Lunes	Martes	Miercoles	Jueves	Viernes
Dropping off Time:	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**
Picking up Time:	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**

Horario de día mínimo:

Dropping off Time:	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**	**Dropping off Time:**
Picking up Time:	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**	**Picking up Time:**

Firma del proveedor:_____ **Fecha:**_____

Uso exclusivo del patrocinador

Printed Name of Monitor: _____

Signature of Monitor: _____

Date: _____ **Provider ID:** _____