

Ohio Department of Job and Family Services
FIELD TRIP CHECKLIST FOR CHILD CARE

Date	Age Group	Teacher Responsible for Group										
Destination				Address					Phone Number			
Departure Time from Program			Arrival Time at Destination				Departure Time to Program			Arrival Time in Classroom		
Other Staff with Group												
Driver							Valid Driver's License Checked <input type="checkbox"/> Yes <input type="checkbox"/> No					

	Child's Name	Name Tag	In Room	On Bus	Seat Belt	Off Bus	During Time	During Time	During Time	On Bus	Seat Belt	In Room
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												

<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Staff with First Aid, CPR and Management of Communicable Disease Training	<input type="checkbox"/> Additional Adult (<i>as needed</i>)	<input type="checkbox"/> Cell Phone (<i>Number to call in an emergency</i>)
<input type="checkbox"/> Permission Slips Verified	<input type="checkbox"/> JFS 01234 "Child Enrollment and Health Information for Child Care"	<input type="checkbox"/> JFS 01236 "Child Medical/Physical Care Plan for Child Care" and Trained Child Care Staff Member	<input type="checkbox"/> Child Medications and Supplies (<i>if applicable</i>)

Vehicle Checked at Destination Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No Staff's Initials	Vehicle Checked at Return to Program <input type="checkbox"/> Yes <input type="checkbox"/> No Staff's Initials
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