

SELF-CERTIFICATION OF TRANSPORTATION PROVISIONS FOR CENTERS

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Child Care Licensing

Center Name		License Number
Address	City	Zip Code

RULE 400.8720 ALL MOTOR VEHICLES

Type(s) of vehicle used and manufacturer's rated seating capacity:	
Do vehicle seats used by passengers face forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are passenger areas kept free of loose or heavy objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all vehicles in safe operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter date(s) of last vehicle inspection for each vehicle used and inspecting authority (must be completed annually):	
Statement on file verifying vehicle(s) complies with the Michigan vehicle code safety equipment requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where are vehicle records kept on file?	

RULE 400.8730 SAFETY EQUIPMENT

***Applies only to vehicles with a manufacturer's rated seating capacity of more than 10 occupants**

Does each vehicle carry the following equipment?	
Three bi-directional emergency reflective triangles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly cased and securely stored in the motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sterile gauze pads (assorted sizes). <input type="checkbox"/> Adhesive cloth tape. <input type="checkbox"/> Adhesive bandages (assorted sizes). <input type="checkbox"/> Roll of gauze. <input type="checkbox"/> Roll of gauze. <input type="checkbox"/> Tweezers. <input type="checkbox"/> Scissors.	Securely stored and accessible in the driver's compartment? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Three 15-minute fuses (flares) or battery operated substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Properly cased and securely stored in driver's compartment? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Fire extinguisher of dry chemical type rated not less than 2A-10BC? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Mounted in an accessible place in driver's compartment? <input type="checkbox"/> Yes <input type="checkbox"/> No

RULE 400.8740 RESTRAINT DEVICES; SAFETY BELTS

Is vehicle a school bus or multi-function school activity bus exempt from Federal Government requirements for passenger safety belts? If yes, the rest of the items under this rule do not apply. Go to Rule 400.8750.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are infants up to one year of age appropriately secured in a federally approved infant safety seat that is rear-facing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are children 1 to 8 years of age appropriately secured in a federally approved forward-facing convertible seats or a booster seat?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is each restraint device properly anchored and used according to manufacturer's specifications?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety belts available for each child 8 years and older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do children share safety belts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is driver restrained by seat belt?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are adult passengers restrained by safety belts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all safety belts and restraint devices in good working condition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

RULE 400.8750 VEHICLE OPERATOR

Does each driver hold a valid operator or chauffeur's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If required, does each driver have a valid CDL license with the proper endorsement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is each driver at least 18 years of age?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does each driver have a personal driving record with no more than 6 active points as determined by the Secretary of State?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date of last determination.	Where is this information maintained on file?			
Does each vehicle have valid insurance and registration?				
Is the driver familiar with the contents of first aid kit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the driver familiar with the operation of the fire extinguisher?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the driver provided with a copy of the Child Information Record (BCAL-3731) or comparable substitute for each child being transported?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SIGNATURES

Signature of Transportation Provider's Authorized Representative	Date
Transportation Provider (If Other Than Sponsoring Organization)	Date
Signature of Licensee or Licensee Designee	Date

LARA is an equal opportunity employer/program.