



**DCF LICENSED CHILD CARE FACILITY MECHANICAL SAFETY CHECKLIST
FOR VEHICLES USED TO TRANSPORT CHILDREN**

Facility Name:	License Number:
Address:	City:

Complete a form for each vehicle used to transport children. A record of the check and corrections shall be kept on file at the facility or in the vehicle.

Make of Vehicle:	Vehicle Year:	Number of Restraints:
Name of Insurance Company:	Insurance Policy Number:	

A safety check was completed by _____ on _____ and were working as designed. (select each item checked)

Brakes	Exhaust System	Glass
Horn	Lights	Outside Mirror
Signal Lights	Steering	Suspension
Tail Lights	Tires	Windshield Wipers

A verification was completed by _____ on _____ and verifies the first aid items are in the vehicle. (select each item verified)

1 elastic bandage	1 pkg 4" x 4" gauze squares	Adhesive tape
Bandages (all sizes)	Cleansing Agent	Disposable non-porous gloves
Roll of gauze	Scissors	

Signature of Licensee or Authorized Agent of Licensed Facility