



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

|                       |                        |
|-----------------------|------------------------|
| <b>Facility Name:</b> | <b>License Number:</b> |
| <b>Address:</b>       | <b>City:</b>           |

**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.**

|                                   |                                 |                              |
|-----------------------------------|---------------------------------|------------------------------|
| <b>Make of Vehicle:</b>           | <b>Vehicle Year:</b>            | <b>Number of Restraints:</b> |
| <b>Name of Insurance Company:</b> | <b>Insurance Policy Number:</b> |                              |

**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**