

FCL 005 Rev. 01/21

## KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES Foster Care Licensing PO Box 1424 Topeka, Kansas 66601-1424 500 SW Van Buren Street 2<sup>nd</sup> Floor Topeka, Kansas 66603

Website: <a href="http://www.dcf.ks.gov">http://www.dcf.ks.gov</a>

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

Facility Name:		License	License Number:		
Address:		City:			
Complete a form for each vehicle use kept on file at the facility or in the		en. A record of the	e check and corrections s	hall	
Make of Vehicle:	Vehicle Year:	Vehicle Year:			
Name of Insurance Company:	Insurance Policy Number:				
A safety check was completed by working as designed. (select each iter	n checked)	on		and were	
Brakes		Exhaust System		Glass	
Horn	Lights		Outside Mirror		
Signal Lights	Steering		Suspension		
Tail Lights	Tire	Tires		Windshield Wipers	
A verification was completed by verifies the first aid items are in the	e vehicle. (select each iter	on n verified)		and	
1 elastic bandage	1 pkg 4" x 4" gauze squares		Adhesive tape		
Bandages (all sizes)	Cleansing Agent		Disposable non-porous gloves		
Roll of gauze	Scient	ore			

Signature of Licensee or Authorized Agent of Licensed Facility