



**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)**

<input type="checkbox"/> Brakes	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Glass
<input type="checkbox"/> Horn	<input type="checkbox"/> Lights	<input type="checkbox"/> Outside Mirror
<input type="checkbox"/> Signal Lights	<input type="checkbox"/> Steering	<input type="checkbox"/> Suspension
<input type="checkbox"/> Tail Lights	<input type="checkbox"/> Tires	<input type="checkbox"/> Windshield Wipers

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

<input type="checkbox"/> 1 elastic bandage	<input type="checkbox"/> 1 pkg 4" x 4" gauze squares	<input type="checkbox"/> Adhesive tape
<input type="checkbox"/> Bandages (all sizes)	<input type="checkbox"/> Cleansing Agent	<input type="checkbox"/> Disposable non-porous gloves
<input type="checkbox"/> Roll of gauze	<input type="checkbox"/> Scissors	

**Signature of Licensee or Authorized Agent of Licensed Facility**