

**YEARLY MECHANICAL SAFETY CHECK  
FOR VEHICLES USED TO TRANSPORT CHILDREN IN A CHILD CARE FACILITY**

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.**

In accordance with K.A.R. 28-4-130(a)(2)(B), a yearly mechanical safety check has been completed on the items listed for the vehicle identified on this form:

<input type="checkbox"/> Tires	Make of car: _____	Year: _____
<input type="checkbox"/> Lights		
<input type="checkbox"/> Windshield wipers	Number of individual restraints: _____	
<input type="checkbox"/> Horn		
<input type="checkbox"/> Signal lights	Vehicle Insurance Policy No: _____	
<input type="checkbox"/> Steering		
<input type="checkbox"/> Suspension	In accordance with K.A.R. 28-4-130(a) (3), liability limits are:	
<input type="checkbox"/> Glass	Personal injury or death in any one accident: _____	
<input type="checkbox"/> Brakes	Personal injury or death to two or more	
<input type="checkbox"/> Tail lights	persons in any one accident: _____	
<input type="checkbox"/> Exhaust system	Loss of property: _____	
<input type="checkbox"/> Outside mirror		

The safety check may be completed by the applicant or any designee who agrees to attest to vehicle safety. The safety check was completed by \_\_\_\_\_ on \_\_\_\_\_.  
First \_\_\_\_\_ Last \_\_\_\_\_ (MM/DD/YYYY)

In accordance with K.A.R. 28-4-130(a)(4)(B), a first aid kit is required in vehicles transporting children. The first aid kit contains the following:

- Band-aids (all sizes)
- 1 pkg. gauze squares
- Cleansing agent (green soap, pump soap antiseptic ointment or spray is acceptable)
- 1 elastic bandage
- Adhesive tape
- Roll of gauze
- Scissors

**MUNCHKINLAND AND MORE**

**0078340**

Facility Name Exactly as it Appears on the License

License Number

**401 SOUTH WALNUT**

**IOLA**

**ALLEN**

Street Address

City

County

**I attest that this information is true and correct.**

Signature for Facility

Date (MM/DD/YYYY)