



**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:

_____ Tires	Make of car: _____	Year: _____
_____ Lights	Number of individual restraints: _____	
_____ Windshield wipers	Vehicle Insurance Policy No: _____	
_____ Horn	In accordance with K.A.R. 28-4-130(a) (3), liability limits are:	
_____ Signal lights	Personal injury or death in any one accident: _____	
_____ Steering	Personal injury or death to two or more	
_____ Suspension	persons in any one accident: _____	
_____ Glass	Loss of property: _____	
_____ Brakes		
_____ Tail lights		
_____ Exhaust system		
_____ 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	ALLEN
_____ Street Address	_____ County
IOLA	
_____ City	

I attest that this information is true and correct.

_____ Signature for Facility	_____ Date (MM/DD/YYYY)
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