CCL.005 Rev. 07/2024

Signature for Facility

Curtis State Office Building Kansas Department of Health and Environment 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

Phone: 785-296-1270 | Fax 785-559-4244

Email: kdhe.cclr@ks.gov | kdhe.ks.gov/Childcare Licensing



## Annual Mechanical Safety Check for Vehicles Used to Transport Children in a Child Care Facility

	r each vehicle used to transpo check is performed and docur				
Make of vehicle: Yea		ar:	_ Number of inc	Number of individual restraints:	
Vehicle Insurance F	Policy No:				
In accordance with	K.A.R. 28-4-130(h), liability c	overages are:			
\$	Personal injury or death in	ath in any one accident			
\$ Personal injury or death to two or more persons in any one accident					
\$	Loss to property of others	Loss to property of others			
•	ay be completed by the appli	, ,	-	•	
The safety check w	as completed by First	 [	on Last	1 (MM/DD/YYYY)	—·
<ul> <li>First aid ma</li> <li>Single Use</li> <li>Adhesive b</li> <li>Adhesive ta</li> <li>A roll of ste</li> <li>Sharp sciss</li> <li>Sterile gaux</li> <li>A cleansing</li> <li>An elastic b</li> <li>Tweezers</li> </ul>	anual Gloves andages of assorted sizes ape rile gauze sors ze squares at least 4x4 inches g agent or liquid soap	s in size			
Facility Name Exactly as it Appears on the License		se	License Nu	ımber	—
Street Address		City		County	
I attest that this info	ormation is true and correct.				

Date (MM/DD/YYYY)