


SCOTTS VALLEY FIRE PROTECTION DISTRICT



STANDARD OPERATING PROCEDURES	ARTICLE: III	SOP: 3302
	SECTION: 3300 PUBLIC EDUCATION	
	SUBJECT: CHILD PASSENGER SAFETY (CPS) PROGRAM	
DATE APPROVED:	1/7/2021	
APPROVED:		

Purpose: The Scotts Valley Fire Protection District's Child Passenger Safety (CPS) Program will work to enhance the safety of child motor vehicle occupants by 1) educating the public in proper child safety seat and seat belt use and other vehicle related safety issues; 2) providing inspections of child safety seats to educate parents and other caregivers to ensure proper use and installation.

Scope: To be utilized by all District Personnel for the Child Passenger Safety (CPS) Program.

Procedure:

Under direction of the Fire Chief, the Child Passenger Safety (CPS) Program will be administered by the program coordinator who will oversee all aspects of the program.

Taking Appointments


All inspections will be done by appointment only. Clients will contact the program coordinator. *Form 3302-2 Child Safety Seat Appointment Checklist* will be used to schedule the appointment. Calls received after the coordinator's hours will be directed to call back.

For all inspections, the program coordinator will obtain the following information from the client:

- Child's age or expected date of delivery (EDD) of baby
- Child's weight and height
- Manufacturer and model name of car seat
- Year, make and model of automobile
- Known history of car seat

The client will be given the following information:

- Location of station where inspection will take place
- Date and time of inspection
- Duration of inspection. Advise parent to plan for ½ - 1 hour, as there are several factors, such as car seat/vehicle incompatibility that can make the install more time consuming.
- Explanation of Inspection Procedure.
 - o Car seat should come installed and child should be present, if possible; also, bring car seat instructions and vehicle manual, if available.

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- This is an educational session. Technician will inspect the child’s safety seat and installation, discuss safety issues and recommendations, and assist client in making appropriate corrections as needed.

Inspection Procedures

Technicians should be prepared with appropriate paperwork and all equipment and tools necessary for the inspection prior to the arrival of client. Have the client read and sign the waiver portion of the inspection form and fill out the second part (personal contact and descriptive information). Proceed with inspection session using the Child Safety Seat (CSS) inspection form and following all the Child Passenger Safety (CPS) best practices. Be sure inspection form is thorough and any additional information is notated in the comments section.

Log the inspection in Firehouse and file the completed Child Safety Seat (CSS) inspection form for record retention. Prepare a letter and receipt if a donation is made.

Inspection Equipment and Supplies

- Child Safety Seat (CSS) inspection forms
- Child Safety Seat (CSS) Manufacturers’ instructions
- Current recall list (online ok)
- Child Passenger Seat (CPS) brochures, handouts, etc.
- Clipboards, pens
- Scissors, tape measure, scale
- Locking clips and belt-shortening clip
- Grip liner and pool noodles, as available

Form 3302-1 Child Safety Seat Inspection Checklist

Form 3302-2 Child Safety Seat Appointment Checklist



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7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

Please read the content of the box, sign and date.

I understand and agree that the sole purpose of this service is to help reduce the incidence of the improper installation of child safety seats and that a nationally certified child passenger safety technician is providing this inspection to me. I further understand and agree that this inspection cannot fully evaluate the quality, safety, or condition of the child safety seat to be installed, nor any component of my vehicle, including the seats or safety belts, and that this program cannot guarantee my child's safety in a vehicle collision. However, I understand that a properly used child safety seat can significantly reduce serious or fatal injury for infants and young children, and that it is important to read both the vehicle and car seat instruction manuals. For these reasons, I hereby release the Scotts Valley Fire Protection District and any program staff from any present or future liability for any injuries or damage that may result from a vehicle collision or otherwise.

Parent/Caregiver signature _____

Date _____

Please complete the following:

Driver's name:	Relationship to child, if not parent:		
Parent's name(s):	Expectant mom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Due date:
Address:	Telephone #:		
City/State/ZIP:	Child's name:		
Child's date of birth/Age:	Child's weight:	Child's height:	
Vehicle information:	Make:	Model:	Year:
Is the vehicle owner's manual available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Original seat owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Air bags - Driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passenger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Side?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other:	
Air bag disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	On/Off switch?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		LATCH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you find out about this service/event?			

FOR OFFICIAL USE ONLY: Technician comments:

Child Safety Seat Checklist Form, continued

Date:	Time:	Location:	Seat installed upon arrival?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mark an X where seat was found. Mark an M where seat was moved to. (D = Driver position)
<input type="checkbox"/> Child present	<input type="checkbox"/> Child not present		Original seat owner present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Make of Seat: <input type="checkbox"/> Britax <input type="checkbox"/> Century <input type="checkbox"/> Cosco <input type="checkbox"/> Evenflo <input type="checkbox"/> Fisher Price <input type="checkbox"/> Graco <input type="checkbox"/> Other:						D
Name of Seat:		Model #:	Date of manufacture:			
Meets FMVSS 213? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat recalled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seat involved in a crash? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Latch Plate: Sliding Fixed Locking Switchable Retractor: ELR ALR Switchable Lap Belt only LATCH

REAR-FACING SEAT <input type="checkbox"/> Infant only <input type="checkbox"/> Convertible	FORWARD-FACING SEAT <input type="checkbox"/> 5 Pt <input type="checkbox"/> T-Shield <input type="checkbox"/> Tray Shield	BELT POSITIONING BOOSTER SEAT <input type="checkbox"/> High-back <input type="checkbox"/> Backless
Y N N/A	Y N N/A	Y N N/A
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat in a NON-air bag position.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat faces forward.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lap/shoulder belt used/proper fit.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carrier handle in correct position.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat in upright position.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child has head protection (above ears).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat faces rear of car.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child free of heavy clothing.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is within height and weight range of booster seat.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat at appropriate recline angle.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoulder straps in reinforced position and at or above shoulders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is developmentally ready for booster seat.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child free of heavy bundling.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straps lie flat and are free from fraying or tears.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat free of non-regulated items.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is present.	VEHICLE SEAT BELT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoulder straps at or below child's shoulders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is threaded correctly and at armpit level.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straps lie flat and are free from fraying or tears.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness is snug per pinch test.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is present.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LATCH used correctly.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is threaded correctly and at armpit level.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat is pre-crash locked.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parent states child meets CA law minimum req's for age & weight.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness is snug per pinch test.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat does not move more than 1 inch.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child fits properly into seat belt.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LATCH used correctly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tether used and properly secured.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat is pre-crash locked.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crotch strap adjusted properly.	AIRBAG
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat does not move more than 1 inch.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Buckle mechanism appears to open and lock properly.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crotch strap adjusted properly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness adjuster slides doubled back.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Buckle mechanism appears to open and lock properly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is within manufacturers' height/weight range of this seat.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness adjuster slides doubled back.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is within manufacturer's height/weight range of this seat.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:		

<p><i>Technician:</i> Check boxes discussed with the parent/caregiver:</p> <p><input type="checkbox"/> Findings discussed with parent/caregiver.</p> <p><input type="checkbox"/> All corrections made, seat properly installed by parent/caregiver.</p> <p><input type="checkbox"/> Discussed turn-around time/4 steps, as applies to child.</p> <p><input type="checkbox"/> Information on air bag and other safety issues discussed.</p> <p><input type="checkbox"/> Discussed risks of non-regulated items, if applicable.</p> <p><input type="checkbox"/> Informed parents of any recalls, if applicable.</p>	<p><input type="checkbox"/> Seat replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer _____</p> <p>Model name _____</p> <p>Model# _____</p> <p>Date of Manuf _____</p> <p>Registration card completed to be mailed: <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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Technician's signature _____



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Checklist for Making Child Restraint Inspection/Education Appointments

- Take the client's name and phone number.
Name: _____
Phone #: _____
- Explain that the inspection will be an educational session, not a quick installation service. (Goal is for child to leave safer than they came, but also to TEACH and instill confidence in parents that they can do what we're showing them.)
- Determine age or expected date of delivery (EDD) of baby, weight of child and type of child restraint to be inspected.
Age/EDD: _____
Weight: _____
Manufacturer: _____
Model Name: _____
- If seat to be inspected is used/not original owner/over 6 years old/been in a crash, etc., discuss risks and advise new seat is needed. If parent is low-income, refer to SEATS for KIDS site or plan to have appropriate seat available to give to parent.
Seat History: _____

- Advise parent to read manufacturer's instructions and install seat prior to coming in for appointment.
- If at all possible, parent should bring child to ensure proper seat/fit and another adult to care for child/ren, so parent can maximize learning experience.
- Advise parent to bring copy of car seat instructions booklet and vehicle manual to appointment.
- Advise parent to plan for about ½ - 1 hour, as there are several factors, such as car seat/vehicle incompatibility that can make the install more time-consuming.
- Emphasize the importance of calling to cancel or reschedule if they will not be able to show up for the appointment.
- Tell parent that inspection/education session is free, but donations are accepted to support continuation of service to the community.
- Schedule the appointment and obtain vehicle information:
Day/Date/Time: _____
Year/Make/Model of Vehicle: _____