

Application for Recognition as a Permanent Child Passenger Safety Checking Station in North Carolina

Revised: June 2006

Permanent Checking Stations (PCS) are locations for parents/caregivers to go in order to be educated about child passenger safety (CPS) and have their child restraints and seat belts checked to insure they are installed and used correctly.

The NC CPS Training Committee has established criteria for recognition as a PCS by the State of North Carolina CPS Program. These criteria are posted on the buckleupnc.org web site. Applicants for recognition as a PCS on the buckleupnc.org web site must verify that they meet the following criteria:

Requirements/Criteria:

- The sponsoring agency must provide a station(s) or site(s) as a permanent location(s) for parents/caregivers to receive education on child restraints.
- The primary contact for the PCS must be a Nationally Certified Child Passenger Safety Technician (CPST) or Technician Instructor with a valid current CPS certification number.
- A Nationally Certified CPST with a valid current Technician number must be available, on site, during checking hours of operation.
- All persons educating parents, inspecting and/or installing child safety seats must have a minimum of NC CPS Basic Awareness training and be overseen by a CPST. All inspections must be signed off on by a CPST.
- The sponsoring agency must develop and implement protocols to make sure that:
 - All aspects of correct restraint use, including type of restraint selected, harness/shield adjustment, and installation are evaluated
 - The assessment is based on information contained in the CRD and vehicle manufacturers' instructions
 - The results of the assessment are communicated to the parents/caregiver and that the parents/caregiver is taught how to use and [as is applicable] how to install the CRD in the vehicle
 - That the parents/caregiver made the final decision on how to use and install the CRD.
- If the sponsoring agency personnel are subject to emergency response calls, the sponsoring agency must develop and implement protocols to make sure that
 - Certified CPST's involved in the checks are designated as the last to be called
 - A back-up plan is in place to complete the check in the event all involved personnel are called to respond to an emergency, and
 - Prior to beginning the check, the parents/caregiver is made aware of the possibility of having the checkers called out and what the back-up plan is.
- Appropriate documentation must be made for each seat checked, distributed and/or installed. Documentation must be kept on file for at least three (3) years and must be made available to appropriate State agencies upon request.
- The sponsoring agency must partner with their NC Safe Kids Buckle Up county contact, NC Safe Kids Chapter/Coalition, and Safe Communities Programs where applicable.
- The sponsoring agency must post a fixed "NC Permanent Checking Station" sign on site. [Note: Standardized signs are available through the Office of the State Fire Marshal.]
- The sponsoring agency must register contact and hours of operation information with the North Carolina Child Passenger Safety Resource Center and agree to make this information publicly available through the buckleupnc.org web site and any other relevant print or online publications.

PCS Sponsoring Agency: _____

Primary Program Contact (to be contacted by other agencies for information about the PCS program. This person must be a currently certified CPS Technician/Instructor)

Name: _____
 CPS Certification # _____ Expiration Date: _____
 Phone: () _____ E-mail: _____
 Agency: _____
 Mailing Address: _____

 City: _____ State: _____ Zip: _____

Secondary Program Contact (to be contacted for information if the Primary Contact is not available. This person does not have to be a currently certified CPS Technician/Instructor)

Name: _____
 CPS Certification # _____ Expiration Date: _____
 Phone: () _____ E-mail: _____
 Agency: _____
 Mailing Address: _____

 City: _____ State: _____ Zip: _____

Number of Permanent Checking Station physical locations: _____

Provide requested information for each location on the following pages. If room is needed for more than 4 locations, print/copy additional blank pages to be filled out for submission by mail, or submit additional document files as needed to submit as email attachments.

To the best of my knowledge and belief all information in this application is true and correct.

Agency Representative completing this application:

Name (print/type): _____ Title: _____

Signature: _____

Provide phone and email if different from contacts above:

Phone: () _____ Email: _____

Return Applications to: NC Child Passenger Safety Resource Center, 730 Martin Luther King, Jr. Boulevard, Suite 300, CB# 3430, Chapel Hill, NC 27599-3430 cps@hsrc.unc.edu

Permanent Checking Station Location 1:

Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Days and hours of operation: _____

Are appointments available? No Yes

Are "walk-ins" (no appointment) allowed? No Yes

Is there a fee for services charged? No Yes - If yes, amount: _____

Are donations accepted? No Yes

Are emergency/replacement restraints available? No Yes

Are Technicians subject to emergency calls? No Yes

Public Contact Information (person - if applicable - and phone for the public to contact to schedule an appointment or for additional information about this location. This person does not have to be a certified CPS Technician.):

Name: _____ Phone: (____) _____

Comments:

Permanent Checking Station Location 2:

Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Days and hours of operation: _____

Are appointments available? No Yes

Are "walk-ins" (no appointment) allowed? No Yes

Is there a fee for services charged? No Yes - If yes, amount: _____

Are donations accepted? No Yes

Are emergency/replacement restraints available? No Yes

Are Technicians subject to emergency calls? No Yes

Public Contact Information (person - if applicable - and phone for the public to contact to schedule an appointment or for additional information about this location. This person does not have to be a certified CPS Technician.):

Name: _____ Phone: (____) _____

Comments:

Permanent Checking Station Location 3:

Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Days and hours of operation: _____

Are appointments available? No Yes

Are "walk-ins" (no appointment) allowed? No Yes

Is there a fee for services charged? No Yes - If yes, amount: _____

Are donations accepted? No Yes

Are emergency/replacement restraints available? No Yes

Are Technicians subject to emergency calls? No Yes

Public Contact Information (person - if applicable - and phone for the public to contact to schedule an appointment or for additional information about this location. This person does not have to be a certified CPS Technician.):

Name: _____ Phone: (____) _____

Comments:

Permanent Checking Station Location 4:

Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Days and hours of operation: _____

Are appointments available? No Yes

Are "walk-ins" (no appointment) allowed? No Yes

Is there a fee for services charged? No Yes - If yes, amount: _____

Are donations accepted? No Yes

Are emergency/replacement restraints available? No Yes

Are Technicians subject to emergency calls? No Yes

Public Contact Information (person - if applicable - and phone for the public to contact to schedule an appointment or for additional information about this location. This person does not have to be a certified CPS Technician.):

Name: _____ Phone: (____) _____

Comments: