

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

Revised: June 24, 2009

Permanent Checking Stations (PCS) are locations where parents/caregivers can receive information about child passenger safety (CPS) and have their child restraints and seat belts checked to be sure 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, with revisions adopted by the NC CPS Training Committee on May 26, 2009, are posted on the buckleupnc.org web site. Applicants for recognition as permanent checking stations on the buckleupnc.org web site must verify that they meet the following criteria:

Requirements/Criteria for Recognition as a Permanent Child Passenger Safety Checking Station in North Carolina:

- The sponsoring agency must provide a station(s) or site(s) as a permanent location(s) where parents/caregivers can receive child restraint installation assistance and child passenger safety and occupant restraint education.
- The primary contact for the PCS must be a current Nationally Certified Child Passenger Safety Technician or Technician Instructor (CPST). Secondary program contacts and persons designated as the contact for the general public are not required to be CPSTs.
- A current Nationally Certified CPST must be available, on site, during checking station hours of operation. Checking station hours of operation should be determined based on the number and availability of CPSTs. Sponsoring agencies should not feel obligated to provide "24/7" PCS services or to persons who show up at the PCS at times outside of posted hours of operation.
- All persons inspecting, and/or educating parents/caregivers on the proper use of occupant restraints, and/or teaching parents/caregivers to install child restraints must be current Nationally Certified CPS Technicians. NOTE: It is recommended, but not required, to have at least two CPSTs involved in providing checking and educational services to have a "second pair of eyes" available for reviewing the installation and use of the child restraints before the parent/caregiver leaves the PCS and assure that the CPS checklist form is correctly completed.
- Individuals who are not current Nationally Certified CPS Technicians may assist Certified Technicians by
 - Filling out inspection checklists and otherwise assisting the Technicians with the checks
 - Fulfilling administrative functions including, but not necessarily limited to, scheduling appointments, filing paperwork, and ordering equipment and supplies
 - Providing general safety information to the parents/caregivers in the form of handouts and referrals to websites and other resources
- 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

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- 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, local Safe Kids North Carolina 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 on line publications. *(NOTE: Submitting an "Application for Recognition as a Permanent Child Passenger Safety Checking Station in North Carolina" through the buckleupnc.org website fulfills this requirement.)*

To complete, the "Application for Recognition as a PCS in North Carolina" process:

- Review the information printed in the fields below for completeness, accuracy and spelling. Return to the buckleupnc.org "Program Management" site to edit information already entered or to add additional information.
- Print a copy of this application and mail the completed application with original signatures to the address provided below the signature lines.
- Relevant program information will be posted on the buckleupnc.org website once the information in the on-line application is reviewed by an authorized NC CPS Training Program representative and the completed application with original signatures has been received.

PCS Sponsoring Agency:

Primary Program Contact (to be contacted by other agencies for information about the PCS program, but not necessarily the person contacted by the public to arrange for PCS services. This person must be a currently certified CPS Technician or Technician Instructor):		
Name: _____		
CPS Certification # _____	Expiration Date: _____	
Phone: () _____	E-mail: _____	
Agency: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____

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Secondary Program Contact (to be contacted for information if the Primary Contact is not available, but not necessarily the person contacted by the public to arrange for PCS services. 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: _____

Through this application, I/we verify and attest that: to the best of my/our knowledge and belief:

- All information in this application is true and correct;
- I/we have read, understand, and agree to operate this Permanent Checking Station Program in accordance with the "Requirements/Criteria for Recognition as a Permanent Child Passenger Safety Checking Station in North Carolina as listed in this application.

Agency Representative completing this application.

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

Name (print/type): _____ Title: _____

Signature: _____

Phone: () _____ Email: _____

Agency Director, Executive Director, Chief, or Chief Executive/Operating Officer (if different from representative completing this application):

- I have read, understand, and agree to support this Permanent Checking Station(s).

Name (print/type): _____ Title: _____

Signature: _____

Phone: () _____ Email: _____

Return completed applications with original signatures to:
NC Child Passenger Safety Resource Center
Attn: PCS Applications
730 Martin Luther King, Jr. Boulevard, Suite 300
CB# 3430
Chapel Hill, NC 27599-3430

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Following below is information that will be displayed to the public interested in accessing PCS services. Review and verify the information listed on the following page(s) since this is the information as it will appear on the buckleupnc.org website any other relevant print or on line publications.

Note that the fields marked as bold represent the information that will be displayed to the public. The other information will be used for administrative purposes only.

Permanent Checking Station Location 1:	
Agency/Department:	_____
Street Address:	_____
City/ST/Zip:	_____ Primary County:
Other Counties Served:	_____
Days and hours of operation:	_____
Are appointments required?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are "walk-ins" (no appointment) allowed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If not required, are appointments available?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a fee for services charged?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, amount:
Are donations accepted?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are emergency/replacement restraints available?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are Technicians subject to emergency calls?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Public Contact Information. This is the person (or position such as "Receptionist" or "Supervisor on Duty") and phone for the public to contact to schedule an appointment or for additional information about this location. This public contact does not have to be a certified CPS Technician:	
Name/Position:	_____ Phone: ()
Comments:	

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Permanent Checking Station Location 2:

Agency/Department: _____

Street Address: _____

City/ST/Zip: _____ **Primary County:** _____

Other Counties Served: _____

Days and hours of operation: _____

Are appointments required? No Yes

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

If not required, are appointments available? 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. This is the person (or position such as "Receptionist" or "Supervisor on Duty") and phone for the public to contact to schedule an appointment or for additional information about this location. This public contact does not have to be a certified CPS Technician:

Name/Position: _____ **Phone:** () _____

Comments: _____

Permanent Checking Station Location 3:

Agency/Department: _____

Street Address: _____

City/ST/Zip: _____ **Primary County:** _____

Other Counties Served: _____

Days and hours of operation: _____

Are appointments required? No Yes

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

If not required, are appointments available? 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. This is the person (or position such as "Receptionist" or "Supervisor on Duty") and phone for the public to contact to schedule an appointment or for additional information about this location. This public contact does not have to be a certified CPS Technician:

Name/Position: _____ **Phone:** () _____

Comments: _____

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Permanent Checking Station Location 4:

Agency/Department: _____

Street Address: _____

City/ST/Zip: _____ **Primary County:** _____

Other Counties Served: _____

Days and hours of operation: _____

Are appointments required? No Yes

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

If not required, are appointments available? 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. This is the person (or position such as "Receptionist" or "Supervisor on Duty") and phone for the public to contact to schedule an appointment or for additional information about this location. This public contact does not have to be a certified CPS Technician:

Name/Position: _____ **Phone:** () _____

Comments: _____

Permanent Checking Station Location 5:

Agency/Department: _____

Street Address: _____

City/ST/Zip: _____ **Primary County:** _____

Other Counties Served: _____

Days and hours of operation: _____

Are appointments required? No Yes

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

If not required, are appointments available? 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. This is the person (or position such as "Receptionist" or "Supervisor on Duty") and phone for the public to contact to schedule an appointment or for additional information about this location. This public contact does not have to be a certified CPS Technician:

Name/Position: _____ **Phone:** () _____

Comments: _____

Make copies of this page if needed for additional locations.