

**Ohio Department of Health - Ohio Buckles Buckeyes (OBB)
Child Restraint System Distribution and Education Checklist**

OBB CPS Agency: Marietta/Belpre City Health Dept. ODH Region #: 8401 County: Washington

FF=forward facing RF=rear facing

PARENT/GUARDIAN INFORMATION:

Name _____ Address _____
City _____ OH Zip _____ Phone No. _____ 2nd Phone No. _____
Child's Name _____ Age _____ Wt. _____ Ht. _____ Expectant Parent

- This child is **between 5 lbs. and 65 lbs.** in weight for a convertible seat.
- This child is **between 40 lbs. and 100 lbs.** in weight or is too tall for the FF harness seat (shoulders above top slots or tops of ears above top of seat shell) for a booster seat.
- Recipient has been informed that the Ohio Department of Health child safety seat being issued is:
 - Titan 65 Convertible**
 - Evenflo Amp Booster HBBPB** or **Evenflo Amp Backless**
 - Other, Make:** _____ **Model Name:** _____
- Recipient meets program guidelines if parent/guardian's income is within current WIC income guidelines.

PARENT/GUARDIAN EDUCATION:

- Received written referral form about nearest WIC clinic with location and phone number (if not already WIC enrolled).
- Received information about Ohio's current Child Passenger Safety Restraint Law.
- Viewed "*Don't Risk Your Child's Life*" or other approved video. (Optional as long as appropriate training is given)
- Received a "hands-on" demonstration for correct use and installation of the child restraint being issued.
- Received approved parent educational materials. (**Current or prior year SRN FACT Sheets are acceptable**)
- Viewed storage location of child restraint system's instructions. Parent/guardian was advised that they should carefully read the child restraint manufacturer's instructions.
- Parent/guardian signed Waiver of Liability Form. Parent/guardian did not sign a Waiver of Liability.
- Received explanation of Warranty/Recall Card information. Recall Information Card to be mailed to child restraint manufacturer by: Parent/Guardian OBB-CPS Site Coordinator/CPS Technician

SAFE CHILD RESTRAINT SYSTEM INSTALLATION WAS EXPLAINED INCLUDING:

- Provided SRN FACT SHEET "Check Your Child's Car seat"
- Keep child RF for as long as possible, or until well over 2 years of age **AND** a minimum of 30 lbs. Preferable to leave child in the RF position up to the RF upper weight or height limits of the convertible seat.
- NEVER place a RF child restraint system in front of a Passenger Side Airbag.
- Turn child FF only when at least 24 months of age **or** 40 lbs. until he/she reaches at least 4 years of age **AND** 40 lbs.
- Place child in a belt-positioning booster seat and use the vehicle's lap and shoulder belt. Booster should be used **AFTER** child outgrows harnessed seat **Minimum** 4 years **AND** 40 lbs. until 8 years, unless 4'9" (57") in height.
- Install child restraint in **REAR SEAT** of the vehicle. All children age 12 and under should be in back.
- If this child restraint was involved in a crash, it will no longer be safe to use and should be replaced ASAP. Check with the "at fault" insurance company.
- Advised parent to read Vehicle Owner's Manual regarding installation and use of tether/LATCH systems.**
- CPS Certified Technician** _____ **Tech. #** _____ **assisted parent with correct install according to manufacturer and vehicle owner manual instructions.**

CHILD RESTRAINT SYSTEM DISTRIBUTION INFORMATION COMPLETED:

- Convertible Car Seat - Model # _____ Date of Manufacture: _____
- High Back FF Combination Seat - Model # _____ Date of Manufacture: _____
- Belt Positioning Booster - Model # _____ Date of Manufacture: _____
- Other, Make:** _____ **Model Name/Number:** _____
- Comments _____

OBB-/Coordinator Distributing Child Restraint System _____ Date: _____
Parent Signature: _____ Date: _____ (Effective 7/1/16)