Ohio Department of Health - Ohio Buckles Buckeyes (OBB)

Child Restraint System Distribution and Education Checklist

Ohio Department of Health

CAREGIVER/CHILD INFORMATION: (additional children can be added on back)

Caregiver Name _____ Address_____

City_____, OH Zip _____ Phone No._____

Child's Name _____ Age _____ Wt. _____ Ht._____ ❑ Expectant Parent (due date: _____)

☐Child present for parent educational class. ☐ Child NOT present for parent educational class. **Additional Children?** ☐ Yes ☐ No

WAIVER OF LIABILITY:

My signature below means I, _____, understand that the child safety restraint (car seat) program is a public health service. The Ohio Department of Health, the [insert OBB agency], and their partners do not make or sell car seats, and do not warranty or guarantee the car seat.

By voluntarily accepting the no-cost car seat, I agree that the Ohio Department of Health and the [insert OBB agency], their employees, contractors, and agents, are not responsible or liable for any harm, issues, or problems resulting from the use of car seat I received.

ELIGIBILITY:

☐Caregiver/Child meets WIC Income Eligibility Guidelines. (Recipient is not required to be enrolled in WIC)
Type of income verification supplied by parent/guardian: ☐WIC Card ☐Medicaid Card ☐Paystubs (30 days)/W2/Tax Transcript
☐Child is **between 5 lbs. and 65 lbs.** in weight and **19-49 inches** in height, for a convertible seat.
☐Child is **between 30 lbs. and 100 lbs.** in weight, **35-57 inches** in height, and **at least 2 years of age** for a combination seat.
☐Child is **between 40 lbs. and 120 lbs**. in weight, **44-60 inches** in height, and **at least 5 years of age** for a booster seat.

☐Caregiver is eligible and has been informed that the Ohio Department of Health child safety seat being issued is an Evenflo:
☐Titan SureRide 65lb Convertible ☐Maestro Sport Combination ☐GoTime Sport High Back Booster ☐GoTime No Back Booster

Model #: _____ Date of Manufacture: _____

☐Caregiver is NOT eligible. Reason: ☐Over income ☐Child received seat within past 3 years ☐Other: _____

CAREGIVER EDUCATION PROVIDED:

☐Approved print educational materials. (**Current or prior year Safe Ride News fact sheets are acceptable**)
☐ Insert the education viewed/completed by caregiver done either virtual or in-person: _____
☐Ohio's current Child Passenger Safety Restraint Law
☐Child Passenger Safety Best Practices
☐"Hands-on" demonstration for correct use and installation of the child restraint being issued

CAREGIVER ADVISED TO:

☐Register the child restraint. Warranty/recall card to be completed and mailed to child restraint manufacturer by:
☐ Caregiver ☐ OBB Distribution Agency
☐ Child restraint should be installed in **REAR SEAT** of the vehicle; children aged 13 and under should be in back seat.
☐Carefully read the child restraint manufacturer's instruction manual
☐Carefully read the child passenger section of vehicle owner's manual
☐No longer use, and replace ASAP, this child restraint if it is involved in a crash

☐ CPS Certified Technician (CPST) assisted with correct install according to manufacturer and vehicle's owner manual instructions.

CPST Print Name: _____ **Signature:** _____

CPST ID #: _____ **Date:** _____ **Comments:** _____

_____

Caregiver Signature: _____ **Date:** _____

County OBB Site Coordinator Reviewed Paperwork: _____ Date: _____ QTR Reported: _____

Region xx OBB Distribution Agency: _____ County: _____ Seats Distributed: _____

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ADDITIONAL CHILDREN INFORMATION:

Child's Name _____ Age _____ Wt. _____ Ht._____ ❑ Expectant Parent (due date: _____)
☐Child is present for parent educational class. ☐ Child is not present for parent educational class.

☐Child is **between 5 lbs. and 65 lbs.** in weight and **19-54 inches** in height, for a convertible seat.
☐Child is **between 2 lbs. and 110 lbs.** in weight, **28-57 inches** in height, and **at least 2 years of age** for a combination seat.
☐Child is **between 40 lbs. and 120 lbs**. in weight, **44-57 inches** in height, and **at least 4 years of age** for a booster seat.

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Model #: _____ Date of Manufacture: _____

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Model #: _____ Date of Manufacture: _____

Child's Name _____ Age _____ Wt. _____ Ht._____ ❑ Expectant Parent (due date: _____)
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