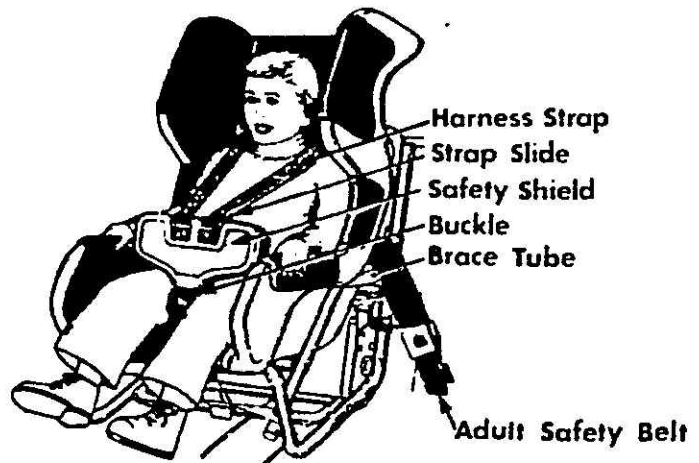


# HOW TO USE YOUR CHILD CAR SAFETY SEAT



1. Place the car seat facing forward in your car.
2. Pull the adult *safety belt* over the *brace tube* and buckle securely. NOTE: If the lap and shoulder belts are combined as one unit, pull both over the *brace tube*.
3. Tighten the *safety belt* as much as possible.
4. Place the child in the car seat and pull the *safety shield* down over your child's shoulders.
5. Insert the metal tip of the *safety shield* into the *buckle*.
6. Make sure the *harness straps* are comfortably tight by adjusting the *strap slide*.

More detailed instructions are attached to the car seat.

## What Else Should I Do?

- Always use the car seat correctly on every ride.
- Use the car seat only on front facing vehicle seats which have safety belts.
- Use the car seat in the back seat of your car because it is the safest place for your child to ride.
- Cover the car seat with a blanket or towel when it is left in a sunny area. The car seat can get very hot and possibly burn your child if left uncovered in the sun.
- Keep the car seat belted in the car with the adult safety belt, even when the seat is not being used.
- Never leave your child unattended in the car.

Project KISS - Kids in Safety Seats - Health Education Center, Maryland Department of Health & Mental Hygiene, 201 West Preston Street, Baltimore, MD 21201, (301) 383-7290. Funded by the Maryland Department of Transportation.

## Using Automobile Car Seats: Guidelines for Parents

Riding in a car can and should be pleasant for you and your child. It is an excellent time for pleasant conversation and for teaching your child acceptable and appropriate behavior in the car. It is also the safest mode of travel, even on short trips, for your child.

1. Introduce the car seat to your child in a calm, matter-of-fact manner. Allow your child to feel it and check it out.
2. Remind your child diplomatically about the rules of behavior before the first ride and in between rides.
3. Your first rides with the seat should be short practice ones to teach your child the expected and acceptable behavior. Point out interesting things the child can see. Make it a positive experience for both of you.
4. Praise your child often for appropriate behaviors. (Example: "Mike, you are sitting so quietly in your seat. I'm proud of you. You are a good boy....") This explanation teaches your child the expected and appropriate behavior. Young children need specific directions. They cannot make the opposite connection of what is meant by "Quit that!" Catch a child being good—you cannot praise a child too often.
5. Include the child in pleasant conversation. (Example: "That was sure a good lunch...you really like hot dogs...you were a big help to me in the store...it'll be fun visiting Grandma....")
6. This is also a good time to teach your child about the world. (Example: "Beth, see that big, red fire truck? Look how fast it's going. The firefighters must be hurrying to someone's house to put out a fire. Do you know why the light is flashing?") You will need to gear your comments to the age of your child.
7. By your frequent praise, teaching, and pleasant conversation, your child will remain interested and busy. It is the bored child who tries to get out of the car seat.
8. Ignore a child's yelling, screaming, and begging. The instant your child is quiet, praise him or her for being quiet. Also, you should not yell, scream, or beg. Remember to remain calm and matter-of-fact. Keep your child busy in conversation and observations of the world. Do not give in and let the child out of the car seat. This only teaches a child that yelling, screaming, and begging will finally make Mom or Dad give in. The child needs to know who is boss.
9. Older siblings also should be expected to behave appropriately. If the young child sees an older sibling climbing or hanging out the window, he or she will want to become a participant. Older sibling(s) also should be included in the conversation, praise, and teaching.
10. Provide one or two toys that your child associates with quiet play, such as books, stuffed animals, or dolls. Having special riding toys that are played with only in the car will help decrease boredom. Remember, the young child's attention span is very short. Do not expect a child to stay occupied for more than a couple of minutes. Anticipating a short attention span and acting accordingly will prevent throwing of toys, crying, and fussing, especially at the beginning of the training.
11. Reward your child with 5 to 10 minutes of your time immediately after the ride. For example, you might read a story, play a game, prepare lunch together, or put away the groceries together. Do not get into the habit of buying your child favors or presents for good behavior. Your child enjoys time with you, and it is less expensive and more rewarding for both of you. Remember, catch your child being good and praise him or her often.
12. If your child begins to try to release the seat belt or to climb out of the car seat, immediately say "No!" in a firm voice. On your first few trips, which should be just around the block, stop the car if you think it is necessary. Also, consider stating the rule once clearly—"Do not take off your seat belt"—and then administering one firm slap on the child's hands if he or she disobeys.
13. Remember, without praise and attention for good behavior in the car, your child will learn nothing from the training trips. The combination of praise and attention, with an occasional hand slap, will teach the behavior you want in the car.

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sen, 1978.

# PROJECT KISS

## KIDS IN SAFETY SEATS

### EVALUATION PROTOCOL

#### INSTRUCTIONS FOR COMPLETING THE CAR SEAT OBSERVATION FORM

It is important that the Car Seat Observation Form be completed the same way each time an observation is made. The more standardized the observations are, the more reliable the data will be. Therefore, to assess the effectiveness of Project KISS activities, every observation should be conducted according to the following protocol:

- (1) Schedule observations during 2-3 hour blocks of time when parents are likely to be transporting their children.
- (2) Sit or stand as close to entrance of parking lot as possible, facing the incoming traffic, in a location which allows you to stop incoming cars without blocking traffic.
- (3) Stop every car in which you can see a young child (preschool) or in which a young child or infant may be riding, such as cars driven by young women or young couples. Exclude county or state vehicles (observe license plate) and cars which obviously do not have child occupants.
- (4) When a car has stopped, tell the driver that you are conducting a transportation safety study and you would like to ask two short questions:
  - (a) How long did it take you to travel to get here? (Q: #8)
  - (b) How old are the child(ren) in the car? (Q: #13)
- (5) While asking the questions, observe the car occupants and record how they are restrained:
  - (a) Record whether the driver is wearing a safety belt (Q: #9)
  - (b) Record the sex, location and "restrained" status of all children in the car. If there are more than three children in the car, record the information for the three youngest. (Q: #13, 14, 15, & 16).
  - (c) If there is car seat in the vehicle, make sure that Q# 17-23 are completed.
- (6) Thank the driver for participating.
- (7) Record the license plate number (Q: #4) and complete any remaining questions.





**CAR SEAT OBSERVATIONS—GENERAL CODING FORM**

1. Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Time			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Location				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. License Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. State					<input type="checkbox"/>	<input type="checkbox"/>
6. Type of Vehicle						<input type="checkbox"/>
7. Car Stop?						<input type="checkbox"/>
8. Distance Traveled			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Safety Belt						<input type="checkbox"/>
10. Number of Adults						<input type="checkbox"/>
11. Number of Children						<input type="checkbox"/>
12. Safety Seat—not used						<input type="checkbox"/>

**Child #1**

13. Age	<input type="checkbox"/>
14. Sex	<input type="checkbox"/>
15. Location in Car	<input type="checkbox"/>
16. Child Status	<input type="checkbox"/>
17. Internal Straps	<input type="checkbox"/>
18. Safety Belt	<input type="checkbox"/>
19. Rear Facing	<input type="checkbox"/>
20. Front Facing	<input type="checkbox"/>
21. Tether Required	<input type="checkbox"/>
22. Tether Used	<input type="checkbox"/>
23. Appear Safe	<input type="checkbox"/>

**Child #2**

13. Age	<input type="checkbox"/>
14. Sex	<input type="checkbox"/>
15. Location in Car	<input type="checkbox"/>
16. Child Status	<input type="checkbox"/>
17. Internal Straps	<input type="checkbox"/>
18. Safety Belt	<input type="checkbox"/>
19. Rear Facing	<input type="checkbox"/>
20. Front Facing	<input type="checkbox"/>
21. Tether Required	<input type="checkbox"/>
22. Tether Used	<input type="checkbox"/>
23. Appear Safe	<input type="checkbox"/>

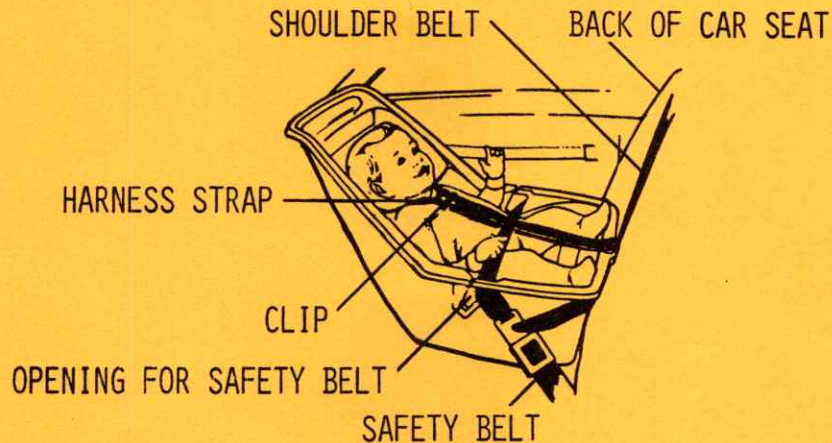
**Child #3**

13. Age	<input type="checkbox"/>
14. Sex	<input type="checkbox"/>
15. Location in Car	<input type="checkbox"/>
16. Child Status	<input type="checkbox"/>
17. Internal Straps	<input type="checkbox"/>
18. Safety Belt	<input type="checkbox"/>
19. Rear Facing	<input type="checkbox"/>
20. Front Facing	<input type="checkbox"/>
21. Tether Required	<input type="checkbox"/>
22. Tether Used	<input type="checkbox"/>
23. Appear Safe	<input type="checkbox"/>
24. Observer	<input type="checkbox"/>

# HOW TO USE YOUR INFANT CAR SAFETY SEAT

Buckle Your Baby into the Seat

Buckle Your Seat into the Car



## HOW TO USE YOUR INFANT SEAT:

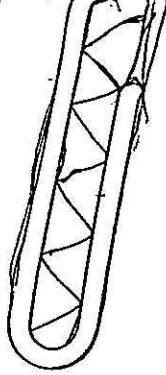
1. Put your baby in the infant seat and place the harness over each shoulder.
2. Slide the clip on the harness strap up over your baby's chest until comfortably snug.
3. For newborns, place a rolled towel or blanket on both sides of baby's head.
4. Place the car seat backwards in the car. Your baby should face the rear of the car.
5. Pull the adult safety belt across the infant seat and insert it through the opening on both sides of the seat. Buckle the safety belt.
6. If the adult safety belt has a shoulder strap, tuck the shoulder strap between the infant seat and the seat of the car.
7. Adjust the safety belt so that it holds the infant seat tightly (a locking clip is available from Project KISS for safety belts that cannot remain tight when buckled across the infant seat).

## WHAT ELSE SHOULD YOU KNOW?

- \* The infant seat must face the rear of the car.
- \* The infant seat can only be used with babies weighing up to 20 lbs.
- \* The safest place for your baby to ride is in the back seat of your car. If you must use the front seat make sure the head rest is down.
- \* Do not use the center of the backseat if it has an armrest or if the baby would face an area in the seat which is not padded.
- \* The infant seat gets very hot in the sun; cover it with a blanket or towel if you leave the car in a sunny area.
- \* Never leave your baby unattended in the car.

PROJECT KISS: Health Education Center, Maryland Department of Health & Mental Hygiene,  
201 West Preston Street, Baltimore, Maryland 21201, (301) 383-7290

Funded by the Maryland Department of Transportation



## CHILD PASSENGER SAFETY ASSOCIATIONS

[What They Are And How To Start One]

June, 1980.

## I. WHAT IS A CHILD PASSENGER SAFETY ASSOCIATION (CPSA)?

In its simplest form, a CPSA is an informal association of organizations, agencies, businesses, and individuals who share a common concern for the safety and health of children. By meeting on a regular basis as an "Association," they can share information on planned activities and coordinate efforts for maximum impact in the community.

In some communities, the CPSA's are more formal, developing by-laws and becoming incorporated. These groups undertake community-wide joint projects and seek to establish themselves as a politically strong voice in support of safe transportation for children.

A Child Passenger Safety Association can be anything concerned people want it to be to accomplish the objectives they set forth.

## II. ARE THERE MANY CHILD PASSENGER SAFETY ASSOCIATION'S?

There are eight active CPSA's (covering one or more counties each) in Michigan alone, with more in the planning stages. These associations also have formed a Michigan CPSA.

California has a statewide Child Passenger Safety Association with eight regional organizations. They are working to create a network of community level CPSA's.

Other states also are moving to help communities organize.

## III. IS THERE A NATIONAL CHILD PASSENGER SAFETY ASSOCIATION?

Yes! By-laws for this group were adopted formally in December of 1979 by members attending the National Child Passenger Protection Conference in Washington, D.C. Officers have been elected, and the first meeting of the Executive Board is set for the Child Passenger Safety Conference in Nashville, Tennessee, September 7-10.

Those people who participated in establishing the NCPSA recognized the necessity of a national-level advocate for child passenger safety. However, it also was very clear that for such a group to be effective, it had to have membership representative of all sections of the country and of all interests. Therefore, the NCPSA consists of a national body elected through regional conferences of state-level associations, which in turn are composed of community-level associations.

Following are several descriptive sections of the NCPSA by-laws:

### Purpose and Functions

Section 1. The National Child Passenger Safety Association is a voluntary association of individuals, public and private agencies and organizations, and businesses whose purpose is to ensure the right of every child to protection from injury or death while being transported as a passenger in a motor vehicle.

In pursuit of this primary objective, this association seeks to ensure:

- a) that each agency, organization, business, or individual concerned or involved in any way with the welfare and safety of children addresses the issue of transportation safety in appropriate and adequate ways and does so in cognizance of and in cooperation with other such agencies, organizations, businesses, and individuals;



- b) that complete information concerning new research, educational and informational programs and materials, legislation, regulations, successful merchandising techniques, new products, and project funding opportunities is easily available from a central source;
- c) that the funding and initiation of needed research and the development of improved educational and informational programs and materials are supported and encouraged;
- d) that infant and child restraint devices of safe construction are aggressively and accurately merchandised;
- e) that portrayals of children as passengers in motor vehicles on television, in movies, and in the print media be consistent at all times with the highest standards of safety;
- f) that reporting by the media of motor vehicle accidents involving children as passengers indicates the use or non-use of restraint devices;
- g) that local, state, and federal agencies, state legislatures, and the U.S. Congress move toward the enactment of requirements contributing to or guaranteeing the safety of children whenever transported in motor vehicles;
- h) that all parents are fully informed as to the best methods of protecting their children in a motor vehicle; and
- i) that every family, regardless of economic means, has access to suitable and safe restraint devices for their children.

#### Membership Categories

- 1. Individual
- 2. Group
  - a) Industry
  - b) Service and Community Organization
  - c) Association, State
  - d) Association, National
  - e) Government Agencies

#### Regions

The Association shall be divided into ten geographical regions, each of which may choose its own officers, if any, and one regional representative to the Executive Board, and otherwise manage its own affairs. The by-laws of the NCPSA shall supersede any regional by-laws. The Regions shall be constituted as follows:

- Region I — Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- Region II — New Jersey, New York, Puerto Rico, and Virgin Islands.
- Region III — Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.
- Region IV — Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
- Region V — Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

- Region VI — Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.
- Region VII — Iowa, Kansas, Missouri, and Nebraska.
- Region VIII — Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.
- Region IX — American Samoa, Arizona, California, Guam, Hawaii, and Nevada.
- Region X — Alaska, Idaho, Oregon, and Washington.

#### Executive Board

Section 1. The Executive Board shall consist of the national officers, the immediate past President of the NCPSA, a Regional representative chosen by each region of the Association, and a representative from each subdivision of the group membership section, to be chosen by the members of that subdivision. The President of NCPSA shall serve as Chairperson of the Board and the Vice-President for Membership and Finance shall serve as Secretary/Treasurer.

#### IV. HOW DO WE START A CHILD PASSENGER SAFETY ASSOCIATION (CPSA) IN OUR COMMUNITY?

Hold a "community conference" to bring together representatives of organizations, institutions, and individuals who are concerned for or involved in activities relating to the safety and health of children.

#### V. WHO TAKES THE INITIATIVE TO SET UP THE MEETING?

Several possibilities:

- Entirely a local effort. Several individuals or organizations would work together on the details, but one group or official could do it.
- State government (perhaps the Governor's Highway Safety Representative) or a statewide organization.
- A combined state and local effort. (This method seems to have the most advantages.)

#### VI. WHO SHOULD BE INVITED?

Medical professionals  
Health-care institutions  
Public safety representatives  
Education and child care representatives  
Social welfare agencies  
Service organizations  
Business people  
Safety organizations  
Concerned citizens  
Politicians

(See the invitation list worksheet for more specific categories.)

## VII. HOW DO WE INVITE PEOPLE?

- First: Phone contact to arouse interest and enthusiasm. Divide this job among several people. Stress the seriousness of the child health problem and the importance of everyone being involved.
- Second: A letter of invitation. It helps to have it on the letterhead of a state agency or a prestigious state or local organization.
- Third: Reminder phone calls several days before the meeting, especially if the letters were mailed two weeks or more before the meeting.

## VIII. WHERE AND WHEN SHOULD WE HOLD THE MEETING?

Any large meeting room is a possibility — church, school, hotel, library, American Legion hall, etc. Your best choice, however, is a hospital. This makes the subject clearly a medical issue, and medical people who are crucial to the meeting will find it more convenient to attend.

As to time, a first meeting should be in the afternoon to attract those people professionally involved in child health issues.

## IX. WHAT DO WE DO AT THE MEETING?

1. Statement of the child passenger safety problem. You might find it effective to have a pediatrician introduce the problems and show two films: Children and Infants in Car Crashes: Restrained and Unrestrained and Car Safety: Don't Risk Your Child's Life. The Highway Safety Office in each state has a copy of each film.
2. Discuss the reasons people don't protect themselves or their children.
3. Briefly review resources available in your state or community — print, audio-visual, people, programs, money, etc.
4. Break into small group discussions to:
  - get people thinking and communicating on a personal, local level
  - generate enthusiasm, involvement, commitment.

These are the questions to which each group should address itself:

- How do you see children riding as you drive around town?
  - What efforts are there now in this community to promote child passenger safety?
  - What are all the ways parents (and children) can be reached in this community?
  - What resources would be needed to do it?
  - What can you or your organization do?
  - What can all the organizations represented here do together?
5. Share small group discussion ideas with the whole group.
  6. Get a commitment to meet again in about a month; select a temporary chairperson or persons.
  7. Arrange for distribution around the community of available posters, pamphlets, and audio-visual material.

## X. WHAT DO WE DO AT THE SECOND MEETING?

A second meeting needs almost as much preparation as the first, with letters and phone calls particularly to those who did not make the first session. (Make sure those who did not attend get minutes of the meeting and copies of all materials.)

The groups represented at a second meeting usually are very enthusiastic and ready to start projects. Here are good ones with which to start.

1. Collect information from stores to print a local price list.
2. Create or expand local restraint rental programs.
3. Get hospitals, doctors, county health department, and others to start distributing materials, displaying posters.
4. Check with local and county agencies which transport children to make sure they are transported safely.
5. Plan mall exhibits, community health fairs, etc.
6. Identify people to make presentations to local service organizations.
7. Conduct an "observed use" survey.

### A. Why do an observed use survey?

1. The necessary training session and observation experience creates a core of people with a lot of specific information.
2. Generates excellent publicity.
3. Defines the child safety problem in local terms.
4. Gives you beginning data so you can measure progress.
5. Can demonstrate clearly the need for restraint education activities.
6. Motivates many other people to become involved.

### B. How much manpower does it take to do an observed use study?

Any number of people can be involved, from 2 to 20. The more people you have, the more observations you will get in a shorter time. It all depends on how heavy traffic volume is at your observation sites and how many observations you feel you need.

The training session takes about 2 hours.

In Lansing, 10 observers got about 2,500 observations in about 70 observer hours spread over several days. That would average out to 7 hours for each person.

In Traverse City, the observers were lucky and hit the county fair, in addition to several malls and fast food outlets. Twelve people got about 3,800 observations in 50 observer hours. That averages out to 4.1 hours for each observer.

C. Where do you get the observers?

Your CPSA members are the best of all (or members of their organizations).

Some other possibilities:

- driver education class
- child development class
- student nurses or medical students
- parents groups...PTA, nursery school parents group, Lamaze
- any service organization
- "volunteers" from a county circuit court probation program.

For more details on conducting the observed use study, see the Observed Use Study handout.

XI. THE THIRD MEETING.

By this time, the group will be running on its own momentum and will need very little outside assistance.

SUMMARY

Progress toward our goal of safe transportation for all children depends on strong action at the national, regional, and state levels, but our cornerstone must be the willingness of local groups and institutions to take care of their own.

For more information on Child Passenger Safety Associations, contact your Governor's Highway Safety Representative or:

1. Dr. Christy Hughes, NCPSA President, National Safety Council, Chicago, Illinois, (312) 527-4800.
2. Forrest Council, NCPSA Vice-President, Highway Safety Research Center, University of North Carolina, Chapel Hill, N.C., (919) 933-2202.
3. David Shinn, NCPSA Vice-President for Plans and Programs, Michigan Department of State, Lansing, Michigan, (517) 322-1523.

In Michigan, you also may contact the Michigan Office of Highway Safety Planning, Lansing, 48913, (517) 322-1942.

Appendix

PEOPLE TO INVITE TO A COMMUNITY CHILD PASSENGER SAFETY MEETING

Following is a listing of the most important individuals and organizations to have represented at a child passenger safety meeting held at the community level. These are the people who can decide to put substantial resources to work in advocating the use of restraints. (You may want to invite people from beyond your city boundaries; solutions to the child safety problem needs to be coordinated regionally.)

- I. NAME OF HOSPITAL(S)  
Address  
Phone number  
  - a. Chief Administrator
  - b. Director of Public Relations or Community Relations
  - c. Chief of Staff
  - d. Chairman, OB
  - e. Chairman, Pediatrics
  - f. Head Nurse, OB
  - g. Director of Patient Education
  - h. Director of Nursing Education
  - i. Supervisor of Newborn Nursery
  - j. Head Nurse, Pediatrics
  - k. Director of Emergency Services, M.D.
  - l. Nursing Supervisor, Emergency
  - m. Other Nurses
  - n. Director of Volunteers
  - o. President, Hospital Auxiliary
  - p. Ambulance Director
  - q. Pediatric Clinic in Hospital
  - r. OB Supervisor
  
- II. COUNTY MEDICAL SOCIETY/AUXILIARY  
  - a. Chairperson (or delegate)
  
- III. COUNTY OSTEOPATHIC SOCIETY/AUXILIARY  
  - a. Chairperson (or delegate)
  
- IV. INDIVIDUAL DOCTORS (List in order of their interest in preventive medicine and community activities)  
  - a. Pediatricians
  - b. General Practice & Family Practice
  - c. Obstetricians
  - d. Osteopaths
  
- V. COUNTY DENTAL SOCIETY/AUXILIARY  
  - a. Chairperson (or delegate)

VI. PUBLIC HEALTH DEPARTMENT

Address  
Phone number

- a. Director
- b. Director of Nursing
- c. Maternal Child Health Nurse
- d. Childbirth Instructors
- e. Health Educator
- f. W.I.C. Coordinator
- g. E.P.S.D.T. Coordinator

VII. HEALTH SYSTEMS AGENCY

- a. Executive Director
- b. Health Education Director

VIII. RURAL HEALTH INITIATIVE PROGRAMS

- a. Director
- b. Health Educator

IX. VISITING NURSES ASSOCIATION

X. LALECHE LEAGUE

XI. LAMAZE

XII. COUNTY NURSES ASSOCIATION

- a. Chairperson (or delegate)

XIII. RED CROSS

XIV. PARAMEDICS

XV. PUBLIC SAFETY

- a. Local Safety Commission or Traffic Safety Committee
- b. Prosecutor
- c. Probate/Juvenile Court Staff or Judges
- d. Local Commander, State Police
- e. Sheriff
- f. Police Chief
- g. Fire Chief
- h. Fireman's Auxiliary
- i. Police Auxiliary
- j. Local chapter of statewide youth safety group

**XVI. EDUCATION**

- a. Public School District(s)
  - 1. Superintendent
  - 2. Elementary Curriculum Director
  - 3. Driver Education Coordinator
  - 4. Child Development & Family Living
  - 5. School Operated Day Care Center
  - 6. Transportation Supervisor
  
- b. Intermediate School District
  - 1. Superintendent
  - 2. Pre School Director (Headstart, etc.)
  - 3. Transportation Supervisor
  
- c. PTA/PTO
  - 1. President and appropriate committee chairs

**XVII. DAY CARE CENTERS, NURSERY SCHOOLS**

- a. In some areas these programs have associations; their officers should be invited.

**XVIII. LOCAL AGENCIES**

- a. Department of Social Services (Welfare) — Office for Young Children
- b. Child & Family Services
- c. Catholic Family Services
- d. Lutheran Family Services
- e. Cooperative Extension Service (Family Living Agent)
- f. Womens Center
- g. Community Coordinated Child Care
- h. Community Action Agency (provides transportation for many groups)
- i. Private adoption agencies

**XIX. SERVICE ORGANIZATIONS**

- a. Jaycee Auxiliary — President
  - 1. "Buckle Up Babes" Chairperson
  
- b. Jaycees — President
- c. Lions — President; Auxiliary — President
- d. Kiwanis — President; Auxiliary — President
- e. Rotary — President; Auxiliary — President
- f. Elks — President; Auxiliary — President
- g. Zonta — President
- h. 20th Century — President
- i. American Legion Auxiliary — President
- j. Business & Professionals Women — President



- k. League of Women Voters — President
- l. Newcomers — President
- m. Welcome Wagon — President
- n. Sororities — President
- o. Girl Scouts, Boy Scouts, Eagles — Area Coordinators
- p. Child Study Group — President
- q. 4-H Council
- r. Planned Parenthood
- s. Grandmothers Club
- t. Senior Citizen Centers or Clubs
- u. Mail Carriers Association/Auxiliary
- v. Junior Women's Clubs

XX. BUSINESS COMMUNITY

- a. Chamber of Commerce — Executive Director
- b. Three (or more) large business that have safety directors
- c. Auto Dealers Association
- d. American Motors Dealer
- e. Ford Dealer
- f. Chrysler Dealer
- g. General Motors Dealer
- h. Insurance Agent Association
- i. Local Insurance Agents
- j. Travelers' Protective Association
- k. AAA Community Education Regional Representative
- l. One or more large retailers who handle car seats
- m. Fast Food Chains (McDonald's, Burger King, Sambo's, Wendy's, etc.)

XXI. MILITARY POST COMMANDER/SAFETY OFFICER

XXII. CHURCHES

- a. Council of Churches — chair
- b. Church Auxiliaries — chairs
- c. Individual religious leaders

## OBJECTIONS SOMETIMES RAISED TO CHILD RESTRAINT LEGISLATION

1. This is not an issue for legislative action but should be left to parents to decide.

*in the past 5 years*  
*states*  
*states*  
-In the past 5 years, 20 states and the District of Columbia have disagreed with this statement, recognizing that parents have failed to prevent this leading cause of childhood death and crippling. Obviously certain important things are not left to parents to decide: whether a child should attend school, whether a child can be abused, etc. The emphasis is on the child and assuring his/her right to safety. Infants cannot choose for themselves and require protection.

2. Legislation of this type cannot work.

-It does work. The Tennessee law went into effect January 1, 1978. Between 1979 and 1981, there was a 55% decrease in the death rate and 30% decrease in injuries in the age group covered by the law.

3. The police cannot enforce such a law.

-The State Police have supported this legislation. They surely would not detect each offender; as one officer stated, "You enforce what you see." As it is now, however, the police are powerless to protect small children whom they see are dangerously out of position (hanging out of car windows, etc.)-- flagrant situations which could lead to tragedy but in which, with legislation, the police could help. Tennessee Department of Safety Commissioner, Jean Roberts, reports no problems in enforcement and good public acceptance. The only states to report problems in enforcement are those with no penalty attached to non-compliance with the law.

4. What if parents cannot afford a seat?

*NDOD,*  
*rent and*  
*programs with bus*  
-There are approximately 2000 loaner seats available in Maryland, and more programs are being developed.

5. What about car pools and big families? And the Little League?

-In the proposed law, children must be buckled-up to the limit of available belts; "extra" children are exempt. The Little League and comparable groups are not affected: the law pertains only to young children less than 5 years old.

6. What about trucks and school buses?

-These special situations are not included in proposed legislation are so are not an issue.

7. Why not just educate the public?

-Many forms of education have been tried, from personal counseling to award-winning TV commercials: by itself, education has not been effective. Coupled with a law, however, education is beneficial: the effects of legislation and education appear to have been additive in the Tennessee communities in which both were used.

8. Why is this a public issue? (variation on #1)

- 1. Because children are a public resource for the future; death and disability in childhood is a serious loss of future productivity.
- 2. Because out-of-position children contribute to a number of accidents (demonstrated in a recent North Carolina study), injuring not only themselves but others.
- 3. Because public dollars help support the expensive initial intensive care support and subsequent rehabilitation services to victims.
- 4. Because the State has responsibility for the protection of children.

Kenneth B. Roberts, M.D.  
Maryland Chapter, American Academy of Pediatrics  
Maryland Child Passenger Safety Association  
February, 1983

## CHILDREN IN MOTOR VEHICLES FACT SHEET

### I. THE PROBLEM

1. Motor vehicle accidents are the leading killer andcrippler of children in this country. The National Transportation Safety Board reports that in the past 2 years more than 1,300 infants and young children below age 5 were killed, and over 10,000 were seriously injured or permanently disabled while passengers in motor vehicles.
2. In accidents, infants are much more likely to sustain head injury than are older children or adults and are 3-6 times more likely to be killed.
3. In Maryland, between January, 1980, and August, 1982, 22 children under 5 years of age were killed and 1,455 injured in automobiles, according to State Police. Many others received expensive and traumatic intensive care and continuing rehabilitation services.
4. Approximately 25% of injuries to children do not appear in crash statistics since they are caused by swerves or stops which throw the youngsters against hard objects in the car or hurl them out of the car. (The risk of death is much greater if the child is ejected from the car.)
5. A recent study found that children who were not buckled up contributed to causing many accidents, either by distracting the driver or by actually pulling the steering wheel.

### II. LEGISLATION TO HELP

1. Child safety seats prevent up to 90% of the deaths, up to 80% of the serious injuries. So of 1,300 deaths, more than 1,000 were preventable--if seats had been used. Virtually all non-crash-related deaths and serious injuries are preventable.
2. Since Tennessee mandated the use of safety seats in 1978, the death rate has dropped by 55% in the age group covered by the law.
3. Now <sup>40</sup>~~20~~ states plus the District of Columbia have laws requiring the use of child safety devices in automobiles.
4. Laws aimed at curtailing drunk driving should also help, but safety seats and seat belts are the only protection parents have now for their infants and children.
5. In 3 separate surveys, more than 2/3rds of Marylanders have favored legislation. Testimony in favor of legislation has been presented in Annapolis by the Maryland State Police, the Motor Vehicle Administration, the State Department of Health and Mental Hygiene, the Medical and Chirurgical Faculty of Maryland, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American College of Emergency Physicians, the Maryland Institute for Emergency Medical Services, the Motor Vehicle Manufacturers Association, AAA of Maryland, the Maryland Committee for Children, Inc., and others. This year, a statewide Maryland Child Passenger Safety Association has been formed, and other professional and citizen groups have joined in support, including Mothers Against Drunk Drivers (MADD), the Maryland Federation of Women's Clubs, and Maryland State Jaycee Women.

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February, 1983

*one of  
supporter*  
\*

OBJECTIONS SOMETIMES RAISED TO CHILD RESTRAINT LEGISLATION

1. This is not an issue for legislative action but should be left to parents to decide.
  - In the past 5 years, 20 states and the District of Columbia have disagreed with this statement, recognizing that parents have failed to prevent this leading cause of childhood death and disability. Obviously, certain important things are not left to parents to decide: whether a child should attend school, whether a child can be abused, etc. The emphasis is on the child and assuring his/her right to safety. Infants cannot choose for themselves and require protection.
2. Legislation of this type cannot work.
  - It does work. In Tennessee, 3 times more children were observed to travel safely after the law was passed; a neighboring state without a law did not have such an increase. Most important, deaths are down by 55% in the age group covered by the law in Tennessee.
3. The police cannot enforce such a law.
  - The State Police have supported this legislation. They surely would not detect each offender, just as they cannot identify each individual driving without a valid license. As it is now, however, the police are powerless to protect small children whom they see are dangerously out of position (hanging out of car windows, etc.) -- flagrant situations which could lead to tragedy but in which, with legislation, the police could help. As one officer stated, "You enforce what you see." Tennessee Department of Safety Commissioner, Jean Roberts, reports no problems in enforcement and good public acceptance. The only states to report problems in enforcement are those with no penalty attached to non-compliance with the law.
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  - There are approximately 2000 loaner seats available in Maryland, and more programs are being developed.
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