National Child Passenger Safety Board

TECH UPDATE

NATIONAL CHILD PASSENGER SAFETY TRAINING PROGRAM Fall 2010

2010 Child Restraint Product Review**

The NHTSA Ease-of-Use ratings, crash databases, expanded research, consumer and advocate input, and a more competitive market have inspired a trend towards safety innovations. Various types of side-impact testing now are being done almost universally, and efforts to improve instructions are common. The capacity of rear- and forward-facing child restraints (CRs) has been increased to higher maximum weight limits. Manufacturers who move in innovative directions are getting more retail shelf space, social marketing is getting consumers more directly involved, and new manufacturers are entering the U.S. market.

This update has been compiled using direct contact with manufacturers as well as information from the technology session at the Lifesavers Conference in April. This article highlights manufacturers' innovations/features found in CRs that have come on the market in recent months. Other new models are scheduled for production later in 2010, although final availability will be affected by final design testing and retailer interest.

Highlights by Manufacturer

Manufacturers mentioned have announced significant new product features. Manufacturers are listed in alphabetical order with summaries of new features. New features do NOT apply to all of a manufacturer's product line. For the most accurate information about any CR, always refer to the manufacturer's product instructions, many of which are available on manufacturer websites or on the *Child Restraint Manufacturers' Instructions* CD (SafetyBeltSafe U.S.A.). Find a manufacturer contact list on the CPS Board website.

Mention here of brands, models, or features does not imply recommendation or endorsement by NHTSA, the National Child Passenger Safety Board, or Safe Ride News Publications.

Note: Manufacturers marked with an asterisk (*) have presentations posted on the Lifesavers website.

Britax:*

- Ten-position head restraint and harness that adjusts without rethreading.
- Improved path for seat belt/lower attachment strap for easier installation.
- Lower LATCH connectors for convertible CRs that are not "handed," so it is not necessary to change the strap from side to side when switching from the rear-facing path to the forward-facing path.
- Increased maximum standing height for use in the BPB mode of some models.
- Optional lap belt clip for belt-positioning boosters (BPBs), to limit submarining by keeping the lap belt properly positioned.
- Low-birth-weight foam insert packed in the box with one infant CR.

Clek:*

- Rigid lower attachments that provide additional stability in side impact.
- Adjustable lower LATCH system that allows booster to be reclined for sleeping.

Combi:*

- Revised test methods for front- and side-impact performance based on information learned through the New Car Assessment Program testing.
- Booster designs and installation instructions revised based on consumer convenience, vehicle fit issues, and feedback from the Insurance Institute for Highway Safety booster fit testing.
- One convertible model with a narrow shell to fit in tight seating situations.
- Institutional infant seat model without a

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Combi:* (continued)

detachable base that can be used from birth to 22 pounds.

- Development in progress of an infant seat with a 3-pound lower weight limit.

Dorel:

- Side-impact performance testing using an innovative configuration that simulates intrusion.
- Air bladder technology in the head area and sides of some models, minimizing peak forces on the head, neck loads, and neck rotation.

Evenflo:*

- Development of clearer instructions and labeling, including adding model names on products.
- Retractable lower attachment system used for some models.
- Use of lower LATCH anchors to be allowed on combination seats used as boosters; retroactive to earlier models. LATCH attachments should be tightly adjusted.

Graco:*

- Color coding used to call attention to key parts for adjustment and installation.
- One convertible CR with increased capacity of 40 pounds rear facing and 65 pounds forward facing.

Hope* (see Merritt Manufacturing)

Harmony Juvenile Products:

- Focus on booster models that are affordable and have innovative belt path designs.
- Improved booster lap belt path using elongated armrests and recessed seat contours to reduce submarining.
- Wider designs for larger children.
- Will address entanglement issue in BPB instruction booklet.

KidsEmbrace:

- Combination CR with cover designs that appeal to children and a harness rated up to 65 pounds.
- Crotch strap that can be adjusted to a wide variety of child sizes.
- Allows LATCH use in the BPB mode. LATCH attachments should be tightly adjusted.

Learning Curve:*

- Rebound management for rear-facing CRs that uses handle for one model and separate rebound panel on another.

Merritt Manufacturing:*

- New car bed that accommodates children weighing from 4.5 to 35 pounds.
- Alternative crotch strap for large medical CR with with a buckle that is hard for a child to remove.

Orbit Baby:

- Ergonomic innovations and convenient features.
- Goal to be the “greenest” CR manufacturer.
- New convertible CR that uses a base with the rotating docking system, like the company’s infant CR.

Regal Lager:*

- Boosters with rigid lower attachments, using the company’s European CYBEX brand.
- Reclining headrest that can be adjusted 11 ways.
- Lateral protection provided by a combination of crushable foam-lined head and shoulder wings.
- Extensive instructions address potential problem of vehicle head restraint interference with a highback booster.

Sunshine Kids:*

- One convertible model that has a rear-facing upper weight limit of 45 pounds.
- Test results available for its SuperLATCH lower connectors. The company has provided a technical paper outlining test methods and engineering analysis to NHTSA and other experts.

Curbside Notes

2010 CR Changes/Innovations Review

- Understand that some new models resembling older models may not be used in the same manner as their predecessors.
- Always consult CR manufacturer instructions for changes, including, but not limited to, harness adjusters, angle indicators, use of LATCH in BPB mode, RF and FF weight limits, storage for LATCH connectors, installation of CR in a nonstandard LATCH position, and threading of tether straps over or under a vehicle head restraint.

** ***SRN*** **March/April 2010**

Did You Know?

The 80-Percent Guideline for CR Fit on the Seat

The National Child Passenger Safety Certification Training Program curriculum includes a guideline suggesting that at least 80 percent of a child restraint's base ("footprint") should be in contact with the vehicle lower seat cushion. Although this guideline provides a good starting point, changes in product design and materials among manufacturers have resulted in some products that vary from this guideline in either direction. A few new products require that 100 percent of the restraint base be in contact with the vehicle seat, while some others allow for less than 80 percent of the base to be in contact with the seat. In cases where variations from more typical installations exist, manufacturers should specify this clearly in the CR user guide.

"Overhang" is a concept that is used in several user guides and refers to the amount of surface area of the child restraint base that extends beyond the contact footprint of the base on the vehicle seat. For example, one manufacturer's owner's manual states in one place, "Front of child restraint must not hang over edge of vehicle seat," and on another page, "The front of booster seat MUST NOT hang over front of vehicle seat." Another manual states, "Front of car seat must not hang over edge of vehicle seat."

Curbside Notes

80-Percent Guideline for CR Overhang

- The 80/20 guideline does not always apply. Read CR instructions regarding the amount of overhang, if any, that is allowed by each manufacturer for each child restraint.
- Pass along the word to co-worker CPS technicians that the 80/20 overhang guideline is commonly used but is not universal.
- Point out to parents/caregivers any restrictions on their CR regarding overhang so that they can determine whether they can install their child restraint properly if they have a vehicle with a very narrow seat cushion.

Our thanks to Sarah Tilton of Britax and Carol Helminski of Graco Children's Products for providing information for this article.

Curriculum Update to Cover CR Overhang

A curriculum update will cover this issue, as well as entanglement, safe sleep practices related to infant restraint use, and some administration enhancements. It should be distributed to all instructors in the winter.

2010 Lifesavers Conference Workshop Reports

The April Lifesavers conference, held in Philadelphia, Pennsylvania, in April, included 15 workshops on child passenger protection, a pre-conference special needs training, and a technical pre-conference session featuring updates from child restraint manufacturer representatives regarding innovations, testing, and public outreach.

A number of presentation handouts can be found at the Lifesavers website. Several workshops are summarized below.

Reducing Numbers of Unrestrained or Improperly Restrained Children

Rural Education and Enforcement Project

During this Lifesavers conference workshop, Eveline Roy, Target Zero Traffic Safety Manager for Chelan-Douglas County, Washington, shared the strategies and preliminary results from a multi-jurisdictional effort to reduce unrestrained or improperly restrained children. Six organizations, working under the lead agency, the Wenatchee Police Department, ran a very targeted and intense campaign as part of a NHTSA child passenger protection grant that focused on public information, education, and heavy enforcement.

People living in rural areas and with lower socioeconomic status typically have low restraint use. In addition, children of Hispanic origin generally have lower booster seat use than the overall population. With this in mind, the project was focused in a two-county area—Chelan and Douglas Counties—where 51.5 percent of elementary students are of Hispanic or Latino origin, and 66.4 percent of elementary students are receiving free or reduced-price school meals. Chelan and Douglas counties have, respectively, 38 and 31 percent rural populations, and their Hispanic populations are 23 and 25 percent.

Understanding the Washington state child restraint law is somewhat complicated. It is a primary law that mandates the use of booster seats for children under 8 years old or 4'9", that children under 13 years old be transported in the back seat when it is practical to do so, and that the restraint system must be used correctly according to the car seat instructions and vehicle owner's manual.

In order to increase belt usage, this project aimed to educate the community about both the intense enforcement effort and the intricacies of the state's child restraint law. The public information campaign included large-scale events, contests, signage, flyers/handouts, billboards, radio/TV/newspaper media coverage, and outreach to the schools. Recognizing that education

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alone has never had much effect on usage rates, enforcement played a major role in the campaign.

One year of targeted enforcement—more than 2,300 hours of officers' time—began with specially developed law enforcement training. The training session included a two-hour class on booster seats, as well as education on the data collection portion of the project. Several items were used to support law enforcement, including a pocket-sized reference guide on the Washington state law and basics of car seat installation (from the Washington Safety Restraint Coalition), a new pocket guide for spotting possible violations, and a schedule of events where booster-age children were likely to be present.

While the officers faced the usual observational challenges of tinted windows and fast-moving traffic, several strategies were used that improved success rates, including:

- Patrolling and spotting using SUVs or unmarked cars.
- Using a "spotter" who observed (sometimes from an elevated position) and called out violations to "chaser" vehicles positioned to make the stop.
- Enforcing at schools and family-focused community events.
- Having a CPS technician riding in the patrol car.
- Using tint meters to measure degree of window tint and/or pulling over all vehicles with tinted windows. (Many vehicles in the area have illegally tinted windows, making it difficult to see if children are in the vehicle.)

During the targeted enforcement periods, the majority of the child restraint tickets were for booster seat violations (408) and children under 13 riding in the front seat (386). Officers also issued more than 2,000 tickets unrelated to child restraints during these stops, including 1,219 tickets to adults who were unrestrained.

The final analysis of the project included pre- and post-intervention surveys to measure knowledge and attitudes toward the child restraint laws as well as the occupant restraint enforcement activities in the community. Knowledge of the project was extremely high, with radio and signage cited as the two most common ways people heard about the enforcement. Only 211 out of 927 (23 percent) were unaware of the enforcement effort. Support for the project was overwhelmingly positive, with 96 percent of those surveyed either strongly agreeing or agreeing with enforcement of the child passenger safety law.

The enforcement period for this project ended in March 2010. The final report was due in August 2010.

Strategies to Increase Booster Use

Another study, discussed during the same workshop, identified strategies to increase booster use for 5- to 7-year-olds. Lawrence Decina, of TransAnalytics, presented details of the project he and colleagues conducted for NHTSA in 2006. The project report, issued in 2009, is titled, *Identifying Strategies to Reduce the Percentage of Unrestrained Young Children* (DOT HS 811 076).

The purpose of this study was to explore the factors that contribute to nonuse of occupant restraints by 5- to 7-year-old child passengers and to identify strategies to increase restraint use in this age group. The project included a literature review and discussions with nationally recognized CPS experts, instructors, and technicians with extensive field experience. This was followed by focus groups of parents/caregivers in four cities who had been observed allowing children ages 5 through 7 to ride unrestrained. These participants were asked if they would like to participate in a focus group concerning traffic safety issues and were given an honorarium. They were not aware of the reason they were invited to join the focus groups.

The recommendations of the study focused on improved enforcement, education, and publicity, including:

- Strong enforcement of occupant restraint laws.
- Publicity to increase awareness of enforcement efforts.
- Education of law enforcement officers, judges, and prosecutors regarding the risks of auto crashes to unrestrained and improperly restrained children.
- Information for parents and caregivers concerning the risks to children in crashes and the potential for being ticketed.

Click here for the complete study.

Contacts:
Wenatchee, WA: Evelin Roy
TransAnalytics: Larry Decina

Medical Field Update

A Lifesavers session on CPS activities in the medical realm covered such topics as hospital CPS discharge policies, an extensive CPS effort within one hospital, and the role of the child death review process in prevention.

Developing Guidance for CPS Hospital Discharge Policy

NHTSA, in partnership with the National Safety Council and American Academy of Pediatrics, undertook a project to develop guidance on hospital CPS discharge policies in 2008. Project Director Rebecca Levin, MPH, of the American Academy of Pediatrics, shared the progress of this project.

The goal of the project is to establish the components that should be included in a CPS discharge policy, and thus to get the issue of child passenger safety "on the radar screen" for accreditation standards of the Joint Commission for hospital accreditation, American College of Surgeons, and state licensing regulators.

Much time and effort was invested in the research phase of this project. In an effort to determine what child passenger safety elements should be included in discharge policies, the project personnel reviewed available evidence on issues including program operation and personnel, liability, costs and available resources, and legal and accreditation requirements. They also reviewed the evidence included by the American Academy of Pediatrics in the *Safe Transportation of Newborns at Hospital Discharge*, a Policy Statement issued in1999 and reaffirmed in 2009.

Currently, the project team is preparing 10 case studies as a way of answering common questions on this issue. The development of the case studies will include collecting and reviewing information from 10 hospitals with discharge policies currently in place and conducting interviews with up to five individuals at each hospital.

The final report, to be finished later in 2010, will include:

- Summary of overall findings.
- Narrative summary for each hospital reviewed.
- Outline of components of a good CPS discharge policy.
- Persuasive cover letters written for different audiences.
- Background information (evidence report, case studies, copies of hospital CPS discharge policies).

The dissemination portion of the project will include obtaining official endorsements from organizations such as AAP and the National Association of Children's Hospitals and Related Institutions. Through conferences such as Lifesavers and Kidz In Motion, AAP will continue to spread the word about this important project to the CPS community.

Reference: AAP policy statement, *Safe Transportation of Newborns at Hospital Discharge*

The Children's Hospital at Legacy Emanuel – CPS Best Practices

The comprehensive effort of The Children's Hospital at Legacy Emanuel, Portland, Oregon, was spot-lighted as an example of the child passenger safety work that can be done at the hospital level. Part of the Legacy Health system, The Children's Hospital is one of five Legacy hospitals in Oregon and Southwest Washington that handle approximately 7,000 live births per year. With the goal of making every ride a safe ride, the hospital has two CPS instructors and a strong education and community outreach program.

The Children's Hospital at Legacy Emanuel's community outreach began with education materials and community car seat checks, but continues to extend into new and increasingly helpful programs. Since 1995, it has had a car safety seat challenge policy for preterm and high-risk infants. Starting in 2006, iits education policy has included an outline of the role of healthcare providers in CPS for all children under 13 receiving care, promoting the AAP best practices guidelines. The policy has since grown to include a nationally certified CPS tech to provide hands-on training with parents, hands-on training for special needs, family referrals to community resources when CPS technicians are unavailable, and a risk disclaimer.

Gradual implementation of a special needs transportation evaluation program, car seat distribution to families in need, and a specific program in the neonatal intensive care unit round out the outreach component. Plans include a program for expectant parents, a monthly two-hour class with an emphasis on transporting twins and multiples, hands-on demonstrations, family birth center rounds, and a permanent car seat fitting station.

Education materials for hospital use

The materials used at The Children's Hospital at Legacy Emanuel include:

- Safely Transporting Your Child – Highlights AAP best practices and reviews CPS laws in Oregon and Washington

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Lifesavers Conference, continued

- What Needs to be Replaced After A Crash
- Safe Ride News Fact Sheets
- Waivers for discharge with a nonrated (inappropriate) car seat and for discharge with a donated car seat
- Reference cards with CPS information and important phone numbers for statewide CPS agencies in Oregon and Washington.

Materials at the Lifesavers website.

Child Death Review Teams' Involvement in Prevention

Erich Batra, MD, Medical Director, Pennsylvania Child Death Review Program, explored the purpose and activities of the child death review (CDR) teams. The goal of CDR is to conduct a comprehensive, multidisciplinary review of child deaths to better understand how and why children die and use the findings to take actions that can prevent other deaths and improve the health and safety of all children. Originally, some CDR teams were started to help with child abuse investigations. Now, most have prevention as their focus. Their evolution to include a prevention focus makes them a valuable resource for the childhood injury prevention field.

Well-established CDR programs exist in 49 states, with the vast majority of them now focusing on prevention. The CDR team's priorities include:

- Knowing where and how often deaths from specific causes occur.
- Understanding who is most at risk and why.
- Encouraging the development of effective interventions.
- Immunizing other children from harm.

A multidisciplinary core team typically includes a medical examiner/coroner; law enforcement, child protective services, and public health personnel; a prosecutor/district attorney; and a pediatrician or other healthcare provider. The members review available records and meet to discuss each case. The goal is to determine:

- Could this death have been prevented?
- What system changes could be implemented to prevent future deaths?
- Who will take the lead in implementing the recommendations?

Keeping in mind that potentially 38 percent of all child deaths that occur after the first month of life could be prevented, CDR programs can be an important change agent.

One example: While the speaker did not offer a child passenger death example, he provided details about the aftermath of the investigation of the death of a child who had drowned in the Straits of Mackinac. First, a Mackinac County, Michigan, CDR team member sought to put the death in context by gathering data on drowning deaths over 10 years. This member, a police officer, called a meeting of everyone involved in the rescue effort. As a result, a subcommittee, the water safety review board, was formed. The board asked the University of Michigan Great Lakes Water Research Consortium to study the lakeshore using science buoys. This research proved the existence of rip currents and pinpointed their locations.

The water safety board now meets monthly and conducts education in the schools and puts information on fast food trays, at rest stops, in parks, and at the Mackinac Bridge. In Mackinac County, there now are nine stations with phones, equipment, and boat patrols along a 12-mile stretch. This model is being replicated throughout the Great Lakes Region.

The child death review process shows that one death can lead to change. The speaker urged CPSTs to find out about the CDR programs in their states and find out how to get involved.

Contact: Erich Batra, MD, FAAP

Presentation at the Lifesavers website.

Safe Ambulance Transport for Infants and Children

At this Lifesavers session, Marilyn Bull, MD, FAAP, of the Automotive Safety Program, Riley Hospital for Children, Indianapolis, Indiana, discussed the risks for infant and child passengers in ambulance crashes and efforts by NHTSA to reduce these risks by evaluating current practices and formulating recommendations. Emergency medical technician (EMT) Kevin Gallagher (NREMPT-P, CPST, Serenity Safety Products*) contributed crash test data, and David Wallace, EMT, Anchorage Fire Department, gave a real-world perspective on what paramedics face on their runs.

Each year, 6 million children are transported via ambulance, with up to 1,000 ambulance crashes per year involving pediatric patients. The National Institute of Safety and Health (NIOSH) analysis of field crash data found that 79 percent of fatal ambulance crashes involve frontal impact, with most serious injuries occurring in the rear compartment to unrestrained or

improperly restrained occupants. Because there are no specific federal guidelines on the proper use of restraints for infant and child passengers in ambulances, emergency medical services (EMS) agencies are left to adopt their own best practice rules. Infant and child passengers are typically transported in isolettes, on cots using stretcher belts, or in the arms of parents or caregivers, placing young passengers at risk of death or serious injury in a crash. Recognizing this danger, many EMS agencies have moved in recent years toward using a variety of restraint systems to improve patient safety during transport, yet the lack of federal standards has resulted in limited crash testing of these devices.

A series of videos and photos presented by Dr. Bull and Mr. Gallagher showed the performance of different restraint systems in the rear compartment of a typical ambulance during a crash. The video/photos showed the differences in restraint system function and mechanisms of injury for infants conventionally secured in incubators with standard Velcro straps, as opposed to those secured in a modified incubator with five-point restraint system or a car bed secured to the cot. Results indicate that relatively minor changes in emergency medical services practices, such as incorporating the use of car beds and car seats and changing the orientation of cots and incubators inside the rear compartment, could have a significant effect in reducing risk of injury or death to pediatric patients in ambulance crashes.

In the absence of mandatory national standards, Dr. Bull, Mr. Gallagher, and Mr. Wallace suggested that voluntary standards are needed to ensure children are transported safely in ambulances. They referred to a draft report, *EMS Solutions for Safely Transporting Children in Emergency Vehicles*, produced by a NHTSA working group and released for comment by stakeholders in July 2010. A public meeting was held August 5, 2010, and the final report will be available soon.

* Serenity Safety Products makes an ambulance seat with a built-in rear-facing and forward-facing CR.

Resource: Whitman, Gushue, Sicher, Bull. *Crash Protection for Infants Transported in Incubators*. SAE 2009, #09CV-0144.

Presentation at the Lifesavers website.

Vehicle and Occupant Protection Technology Update

During the Lifesavers session, Vehicle and Occupant Protection Technology Update, representatives from The Children's Hospital of Philadelphia, Delphi Corporation (auto parts company), and Volvo discussed some emerging technologies that have the potential to make everyone safer on the road. Topics included research into the ways crash forces affect children's bodies (pediatric biomechanics) as well as innovations to avoid collisions and to protect people both inside and outside of the vehicle.

Kristy Arbogast, PhD, of The Children's Hospital of Philadelphia (CHOP) Research Institute, discussed developments in understanding how crash forces affect children's bodies in motor vehicle crashes. She also described how that information can be applied to construct better crash test dummies to model these responses. Crash test dummies used to understand the effect of crashes on children have traditionally been based on scaled-down adult models, so crash tests fail to accurately represent the different ways in which children's bodies react in crashes compared to adults' bodies. These dummies can produce inaccurate or misleading information about the effects of different vehicles and safety devices on young bodies in real-life situations. Various types of research, such as impact biomechanics studies, sled tests, and a study of the force used during CPR on children and adults, have demonstrated that children differ significantly from adults (and differ significantly from each other at different ages) in cervical spine development, spinal flexibility, thoracic stiffness, and abdominal tolerance to seat belt loading. The findings of CHOP's studies of pediatric biomechanics, and how these results are being used to create more life-like crash test dummies, are described in detail in *CPS Issue Report, Issue Four: Developing a Better Child Crash Test Dummy*, published in January 2010 and downloadable here.

Bruno DiGennaro of Volvo discussed some innovations in both passive and active safety, including the company's collision avoidance and damage avoidance technologies, dual-stage integrated booster seats, and extended length side curtain air bags. Mr. DiGennaro also noted that these rapid and ongoing changes in vehicle design and technology integration can be challenging for emergency services personnel and suggested that first responders visit the Volvo website to download new vehicle extraction guidelines.

Glen Widmann, PhD, of Delphi Automotive, a leading auto parts manufacturer, discussed new technologies being tested in vehicles. Pedestrian detection technologies use fixed cameras to scan the road and roadside for pedestrians. These sensors distinguish pedestrians from fixed objects and allow the vehicle to respond appropriately in the event of a crash. Vehicle features that could reduce injury to pedestrians include hood-mounted pedestrian air bags or a method of releasing the hood fractionally at impact to lessen injury to pedestrians. Other crash-avoidance technologies, like adaptive cruise control, collision mitigation systems, and lane departure warnings, are available, yet costly.

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Further development should scale back costs and make these resources more affordable to consumers, allowing them to become standard features on motor vehicles.

Presentation at the Lifesavers website.

Editor's Note: *Thanks to Kathie Wesolowski, CPST-I, Rainbow Babies & Children's Hospital, Cleveland, Ohio, for covering these Lifesavers conference sessions and contributing the articles.*

Curbside Notes

Lifesavers Conference Sessions

- Develop CPS and other occupant protection programs that include both education and enforcement.
- Work with local hospitals to include CPS programs in their discharge policies and educational programs.
- Partner with child death review teams to provide community data and generate support for occupant protection programs.
- Pass on to colleagues the resources in the presentations at the Lifesavers website.

Tools for Techs

NHTSA's *Traffic Tech*, "Reducing Nonuse of Restraints by Children Ages 5 to 7," a summary of the study "Identifying Strategies to Reduce the Percentage of Unrestrained Young Children." Go to NHTSA, Traffic Tech Publications. Select #382.

Child safety seat inspection station locator accessible at NHTSA's home page. Go to www.nhtsa.gov and find Child Safety Seat Inspection Station Locator in the upper right blue pane. This site also provides access to an online defect-reporting form. The form takes approximately eight minutes to complete. It is suggested that a technician be familiar with all information needed for reporting the defect so all necessary details are available prior to starting to complete the form.

AAP CPS page provides a wealth of information, including the latest edition of the Car Safety Seats: Product Listing for 2010.

- *Tech Update* is published by the National Highway Traffic Safety Administration and the Child Passenger Safety Board(www.cpsboard.org) for certified Child Passenger Safety Technicians and Instructors.
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Save the Dates—2011

March 11–16

Transporting Students with Disabilities and Preschoolers
Kansas City, MO, Hyatt Regency Crown Center
http://www.eduprogroup.com

March 27–29

Lifesavers Conference
Phoenix, AZ, Phoenix Convention Center
http://www.lifesaversconference.org

August 10–13

Kidz in Motion (KIM) Conference
Orlando, FL
http://www.kidzinmotion.org

September 18–24

CPS Week
Seat Check Saturday, September 24
Contact Sandy Sinclair, 202-366-2723

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