

Vermont Department of Health
Child Passenger Safety Program
Car Seat Assistance Check List

Caregiver _____ Date _____

Review with the caregiver

1. _____ Everyone must have something to cover their face except for very young children (2 or younger.)
2. _____ No seat checks if anyone has any symptoms, fever, cough, shortness of breath, fatigue, body aches, headache, loss of taste or smell, sore throat, congestion, or runny nose.
3. _____ Seat checks will be conducted outside, with all the vehicle's windows rolled down, weather permitting.
4. _____ Bring the minimum number of people to the appointment. Maximum of 2 caregivers and 1 child per visit. Multiple children will require multiple appointments.
5. _____ Talk with the caregiver and guide them through how they will be checking the harnesses upon arrival and being observed from 6' away. (horizontally pinching the harnesses above the shoulders)
6. _____ Advise caregiver we will be maintaining 6' of distance during the entire seat check. Use a 6' table if possible, for demonstration of car seat and harness fit.
7. _____ Determine the caregiver's preferred installation method, (lower anchors or seat belt or both), and note here. _____ (and what seating position in the vehicle, outboard, center etc.)
8. _____ Name and contact information will be recorded or no seat check. This is so we can contact trace in case there is a COVID-19 issue. (CPST will keep a log sheet if using a digital device at the time of the seat check or paper digital seat check form filling out the PII portion in advance)
9. _____ Read the Liability waiver to the caregiver and put their initials on the paper form or log sheet and sign for them, making a note in the documentation section of the paper or digital form. (Preventing contact with the caregiver. Offer to have a printed copy of the waiver on the seat check table if they wish to have a copy)