

Pennsylvania Chapter of the American Academy of Pediatrics, PA Traffic Injury Prevention Project
661 Moore Road, Suite 200, King of Prussia, PA 19406 1-800-CAR BELT
2025 Annual Hospital Child Passenger Safety (CPS) / Car Seat Survey
 This survey may be completed on-line at <https://www.surveymonkey.com/r/2025HospitalSurvey>.



This section contains responses from previous surveys. Review the information and update as needed.
If the information has not changed, please initial that all information has been reviewed and is correct. _____ (initial)

I prefer to receive future surveys by: Email Mail Both

Person Completing the Survey:	Person Completing the Survey: _____
Title:	Title: _____
Phone #:	Phone #: _____
Email:	Email: _____
Hospital:	Hospital: _____
Address:	Address: _____
City/Town:	City/Town: _____
State: PA Zip: County:	State: <u>PA</u> Zip: _____ County: _____
Maternity Nurse Manager:	Maternity Nurse Manager: _____
Maternity Discharge Contact:	Maternity Discharge Contact: _____
Chair of Pediatrics Department:	Chair of Pediatrics: _____
Chair of Obstetrics Department:	Chair of Obstetrics: _____
Hospital Education Coordinator:	Hospital Education Coordinator: _____
Approximate number of babies born annually:	Approximate Number of babies born annually: _____

Do you have a written hospital discharge policy that includes car seat use at discharge? YES NO

Do you have a written Car Seat Tolerance Screening policy for High Risk/Low Birth Weight Infants? YES NO

If yes, does your car seat tolerance screening include: Babies less than 37 weeks gestation Babies less than 5 lbs. Both
 (To have policies reviewed for child passenger safety best practice recommendations, send a copy via email, fax, or mail.)

Do you manage care for infants/children with special transportation needs? (casts, low birth weight, etc.) YES NO

Do you have a certified child passenger safety (car seat) technician/instructor on staff at the hospital? YES NO

If YES, do they provide instruction on installing a car seat in the vehicle? YES NO

Would you like us to put you in contact with a certified certified child passenger safety (car seat) technician? YES NO

A certified child passenger safety technician can assist parents with car seat questions and information on correct selection and use.

Does your hospital have a car seat loan program? YES NO

If yes, what are the hours of operation? _____

If no, would you like information on starting a loan program? YES NO

Does your hospital have a car seat fitting station? YES NO

If yes, what are the hours of operation? _____

Do you provide car seats for children with atypical transportation needs? YES NO

(ex. Angel Ride/Dream Ride/Hope Car Beds, Jefferson, Spirit Spica/Wallenberg car seat for children with hip/arm casts, other specialized restraints)

If yes, please check the Specialized Restraints available: Angel Ride Dream Ride Hope Jefferson Spirit Spica

Wallenberg Other: _____

Please List Other Specialized Restraints:

Who accompanies the family to the vehicle: Nurse Nurse's Aide Volunteer Escort Service Other: _____
(Please check all that apply.)

Does the hospital staff provide education on installing the car seat in the vehicle at time of discharge? YES NO
If yes, is the person providing instruction a currently certified child passenger safety technician? YES NO

When was the last child passenger safety training provided for you or your staff? _____ (Approximate Date)

Who provided the training? _____

Car seat educational information/material shared/provided to mothers/parents? (Please check all that apply.)

- YES NO Video shown? If yes, please provide Title/s: _____
- YES NO Print materials distributed. (Child passenger safety educational materials can be submitted and reviewed to ensure they reflect best practice safety recommendations and Pennsylvania law. Notification will be sent if materials do not meet child passenger safety best practice recommendation. PA TIPP will recommend materials and/or suggest text changes for your consideration to update materials to meet child passenger safety best practice recommendations.)
- YES NO Staff demonstration – Staff demonstrates the correct use of the car seat.
- YES NO If yes, is the education provided by a certified child passenger safety technician?
- YES NO Mother/parents demonstrate their understanding of correct use of the car seat back to staff.
- YES NO Print or verbal instruction on air bags and car seats is reviewed with parents.
- YES NO Child passenger safety information is provided in child birth education classes.
- YES NO When providing education, do you examine the car seat? **If yes, please check the all features you examine and discuss:**
 - weight Height Date of Manufacture Model Number
 - Instructions Available Expiration Date Car Seat Functions Properly
 - Original Owner Ask Parent/Guardian if the Car Seat was Involved in a Crash

When was the last time your materials were reviewed? _____ (Approximate Date)

Who reviewed the materials? _____

I would like to see education/information flyers and learn more about the following topics: _____

Staff Training / Educational Opportunities: Would you like PA TIPP staff to provide the in-service:
“Guiding Them Home Safely: Child Passenger Safety for Health Care Providers”? YES NO
(The 1-hour inservice is provided at no cost and earns 1 CME/CEU from the University of Pittsburgh Center for Continuing Education in the Health Sciences)

If yes: Standard Special Needs Both

Would you like the PA TIPP staff to provide a training for:

Pediatric and/or Maternity floor nurses/staff? YES NO

Parents and/or patients within your hospital? YES NO

Are you interested in becoming a Certified Child Passenger Safety Technician(CPST)? YES NO

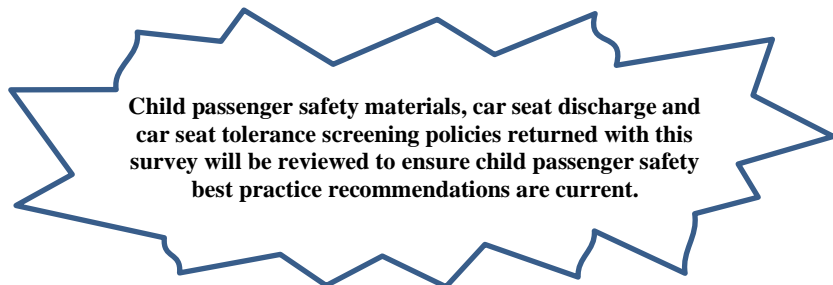
The National Standardized Child Passenger Safety Certification Training is a four-day class that combines classroom instruction, hands-on work with car seats and vehicles, and a community car seat checkup event. Successful completion certifies the individual as a CPST.

If yes for staff, parents/patients training, or CPST class, contact the person completing the survey or provide contact information below:

CONTACT NAME: _____

EMAIL: _____ PHONE #: _____

THANK YOU for taking the time to complete the survey and providing PA TIPP with this valuable information!



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