

\POLICE DEPARTMENT HANOVER PARK, ILLINOIS



DIRECTIVE: 550-S

REFERENCE STANDARDS: 41.3.3

SUBJECT: Child Safety Seat

PURPOSE: The purpose of this Directive is to inform members of the Hanover Park Police Department about the significance of child safety seats; the protection that they provide and establish procedures for preventing and reducing the number of vehicle related child injuries and fatalities in Hanover Park.

POLICY: It shall be the policy of the Hanover Park Police Department to take all reasonable measures to ensure children of all ages are properly secured in child safety seats or seat belts while traveling in motor vehicles. Hanover Park Police Department can reduce or eliminate the number of injuries children sustain when not secured in a child safety seat.

Prevention is the number one priority in saving a child's life. The Illinois Child Passenger Protection Act recognizes child car seat safety as a serious issue that, when ignored, can cause death or great bodily harm to children.

I. DEFINITIONS

A. Child Safety Seat

1. Convertible child safety seat: A seat that can be secured in a vehicle facing forward or to the rear depending on a child's age and weight. A rear facing convertible child safety seat fits a child up to one year of age and 20 lbs to 30 lbs. The forward facing convertible seat is for a child over 1 year of age and 20 lbs., and can be used up to 40 lbs.
2. High back booster seat: A high back booster seat is for a child between 22 and 40 lbs. with use of the harness apparatus. This seat can be used for children generally over 30 lbs. up to a maximum of 80 lbs. with and without the harnesses depending on the manufacturers directions.

II. PATROL OFFICER RESPONSIBILITIES

- A. Any officer, who makes a traffic stop and observes a child under 4 years of age unsecured in the vehicle, may issue a citation. If a citation is issued, the officer shall:

POLICE OPERATIONS MANUAL

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VILLAGE OF HANOVER PARK

Rescinds:

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1. Provide information on how a child safety seat can be obtained.
 2. Provide the driver with the name of the Department's Safety Seat Technician for arranging assistance in the installation of a car seat.
 3. Generate a radio dispatch number to document the incident.
- B. An Officer who responds to a call of service where a child under 4 years of age will need to be transported, will properly secure the child in a child safety seat prior to transport. Upon installing the child safety seat, the officer must be sure that the rear seat is securely fastened prior to transporting the child. At no time should a child restrained in a car seat be transported in a squad car that has a cage barrier between the front and rear passenger compartments.
- C. Should a driver be unable to purchase a child safety seat due to financial difficulties, they will be referred to the Department's Safety Seat Technician for assistance where the appropriate written documentation will be completed. (Appendix B)
- D. An Officer who makes a traffic stop and observes a child under 4 years of age unsecured in a child restraint system, 625 ILCS 25/4, may issue a citation as per state law or Village ordinance. Before the driver is sent on their way, the officer will advise the driver of the current Departmental Child Safety Seat program. (41.3.3)
1. An officer has no authority to impound a vehicle for a violation of a seatbelt or child restraint violation unless that authority exists. (625 ILCS 5/4-203)
 2. A notification can be initiated to the Department of Children and Family Services to report an allegation of neglect. If such notification is made, the reporting officer will complete an Incident/Offense report at the time the call is placed.

III. SPECIAL PROGRAMS

- A. The Hanover Park Police Department will provide child car seat safety checks by appointment only at the Police Department free of charge. People who would like their child car seats checked shall be required to fill out the appropriate waiver and a representative from the Police Department shall complete the checklist. A case report number will be generated by dispatch and the waiver and checklist will be filed in records. The Hanover Park Police Department will also provide periodic child seat safety checks at public locations. These locations will be announced one week prior to the event. (Appendix A)

Hanover Park Police Department

Child Safety Seat Checklist Report

Location		Date and Time		UCR/Status Codes 9097/C9		Report Number													
Officer/CPS Technician		Badge Number		I or T Certification Number		<input type="checkbox"/> Child Seat Arrived Correctly Installed													
Drivers Name: Last, First, Middle		Drivers, Date of Birth		Address/Town/State/Zip															
Phone Number		Expectant Mother <input type="checkbox"/> Yes <input type="checkbox"/> No		Due Date		Relationship to Child <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other:													
Child's Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height		Weight (Pounds)													
Year	Vehicle Make	Vehicle Model	License/State/Year		Type of Vehicle <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Other:														
Type of Seat <input type="checkbox"/> Infant <input type="checkbox"/> Convertible <input type="checkbox"/> Forward Facing Only <input type="checkbox"/> Booster <input type="checkbox"/> Other																			
Make of Seat <input type="checkbox"/> Evenflo <input type="checkbox"/> Century <input type="checkbox"/> Cosco <input type="checkbox"/> Britax <input type="checkbox"/> Fisher Price <input type="checkbox"/> Kolkraft <input type="checkbox"/> Graco <input type="checkbox"/> Other:																			
Name of Seat		Model Number			Date of Manufacture														
Meets FMVSS 213 <input type="checkbox"/> Yes <input type="checkbox"/> No		Recalled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Seat Involved in a Crash <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Crash													
						Agency investigating crash													
Passenger Air Bag Present <input type="checkbox"/> Yes <input type="checkbox"/> No		Side Impact Air Bags Present <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		On/Off Switch <input type="checkbox"/> Yes <input type="checkbox"/> No													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>		D												D = Driver		<p>I understand and agree that the sole purpose of this program is to help reduce the incident of the improper installation of child safety seats; that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the car safety seat, the car safety seat provided or any component of my vehicle, including the seats or safety belts; and this program cannot guarantee my child's safety in a crash. For these reasons, I hereby release any program participants, from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.</p> <p>Participants Signature: _____</p>			
		D																	
X = position seat found																			
M = position seat moved to																			
I = Installed by Technician																			
Section I																			
<input type="checkbox"/> Rear Facing Infant Seat or Convertible Seat — (note: A child seat should be rear facing until at least one year of age and at least 20 Lbs., if a child is less than one year and over 20 Lbs., then a seat with greater weight limits in the rear-facing position should be obtained)																			
Seat Installed <input type="checkbox"/> With Child Present <input type="checkbox"/> Without Child present		<input type="checkbox"/> Seat came into checkpoint installed correctly			<input type="checkbox"/> New seat given and correctly installed														
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Seat in front of Air Bag																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Child within Manufacturers recommended weight and height range																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Seat is rear facing																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Seat reclined 45 degrees																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness straps at or below shoulders																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness straps snug (one finger test)																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness retainer clip present (if required in instructions)																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness retainer clip threaded correctly																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness retainer at armpit level																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety Belt routed correctly																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety Belt holding seat tightly in the vehicle (one inch test)																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety belt in locking mode (locking clip, switched retractor or locking latch plate)																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Locking clip used correctly (if needed)																	
REPORT SUBMITTED BY:		ID#	SIGNATURE			SUPERVISOR APPROVAL													
COPIES TO BE FORWARDED TO: ADMIN. <input type="checkbox"/> PATROL <input type="checkbox"/> INVEST. <input type="checkbox"/> HUMAN SERVICES <input type="checkbox"/> LEGAL DEPT. <input type="checkbox"/> COMM. DEV. <input type="checkbox"/> OTHER <input type="checkbox"/>																			

Section II					
<input type="checkbox"/> Forward-Facing Only or Convertible Seat (Note: A child should be over one year of age and between 20 Lbs., and 40 Lbs.)					
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 5 point Harness <input type="checkbox"/> T-Shield <input type="checkbox"/> Tray-Shield <input type="checkbox"/> Integrated </div>					
Seat Installed <input type="checkbox"/> With Child Present <input type="checkbox"/> Without Child present		<input type="checkbox"/> Seat came into checkpoint installed correctly		<input type="checkbox"/> New seat given and correctly installed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Child within Manufacturers recommended weight and height range			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Seat forward-facing			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Seat upright			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness Straps at or above shoulders			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness Straps snug (one finger test)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness retainer clip present (if required in instructions)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness retainer clip threaded correctly			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Harness retainer at armpit level			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety Belt routed correctly			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety Belt holding seat tightly in the vehicle (one inch test)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety belt in locking mode (locking clip, switched retractor or locking latch plate)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Locking clip used correctly (if needed)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Tether used correctly (if present)			
Section III					
<input type="checkbox"/> Booster Seat (Note: A child should weigh more than 40 Lbs. Before graduating into a booster seat)					
Seat Installed <input type="checkbox"/> With Child Present <input type="checkbox"/> Without Child present		<input type="checkbox"/> Seat came into checkpoint installed correctly		<input type="checkbox"/> New seat given and correctly installed	
<input type="checkbox"/> Belt Positioning Booster		<input type="checkbox"/> No Back (Booster base) <input type="checkbox"/> High Back (No Harness)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Child within Manufacturers recommended weight and height range			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety belt routed correctly			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Lap/Shoulder Belt fits child correctly			
<input type="checkbox"/> Shield Booster (Note: Currently, shield boosters are only for children between 30 and 40 Lbs. (it should be considered if vehicle rear seat has only lap belts) If child is heavier than 40 Lbs., contact dealer about installing shoulder belts in the back seat or recommend EZ-ON Y harness, (1-800-323-6598) Best practice: 5 point harness up to 40 Lbs.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Child within Manufacturers recommended weight and height range			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety belt in locking mode (locking clip, switched retractor or locking latch plate)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Shield snug against Child			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety Belt Routed Correctly			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Safety belt holding seat tightly in vehicle (one inch test)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Locking clip used correctly (if needed)			
Section IV					
<input type="checkbox"/> Vest/Other		<input type="checkbox"/> Installed Correctly			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Child within Manufacturers recommended weight and height range			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Restraint used according to direction			
Recommendations/Corrections Made				Complaint Number	
REPORT SUBMITTED BY:		ID	SIGNATURE	SUPERVISOR APPROVAL	ID #

**THE VILLAGE OF HANOVER PARK
RELEASE AND WAIVER FOR CHILD SAFETY SEAT**

Make of seat _____ Model# _____ Date of manufacture _____

Child's name _____ Age _____ Weight _____ Height _____
(Please Print)

Seat given to _____ Date of birth _____

I understand that the child safety seat provided by the Village of Hanover Park is given to me as a public service, in the interest of child safety and that the Village of Hanover Park makes no express or implied warranties as to the fitness of the child safety seat. I also understand that in order to have the full protection benefit of the child safety seat, I must at all times properly secure the infant or child in the seat and attach the child seat to the car according to the manufacturer's instructions which have been provided to me and have been demonstrated for me by a representative of the Hanover Park Police Department. I have examined the child safety seat and found it to be in good working order.

In consideration of the Hanover Park Police Department giving me this child safety seat as listed above, I agree to indemnify and hold harmless forever the Village of Hanover Park, its officials, agents, and employees and each of them, from and against any and all claims and liability for any loss, damage, cost, or expense, including attorneys fees for the defense thereof, resulting from any claim, suit, demand, or action which may hereafter at any time be made or instituted against the aforesaid, or any of them, by myself or any other person, which in any way results from the use of the child seat.

If the child safety seat is involved in a crash, I will stop using it and immediately replace it.

Signature _____ Date _____

Hanover Park Police Department _____ Date _____
(Witness)

DEMONSTRATION CHECKLIST

- _____ Child is within the recommended weight/height range, 20 lbs. and a year old for forward facing seats.
- _____ If rear facing, seat is reclined at a 45 degree angle, and in the back seat. (center if possible)
- _____ Harness straps are below the shoulders for rear facing and above the shoulders for forward facing.
- _____ Retainer clip is threaded correctly.
- _____ Harness strap is snug.
- _____ Safety belt is routed correctly.
- _____ Safety belt is holding seat tightly in vehicle.
- _____ Locking clip (if applicable) is used correctly.
- _____ Seat is installed in rear seat of vehicle.
- _____ If this vehicle is only equipped with a front seat (truck or sports car), the air bag is deactivated on the passenger side.

I have demonstrated the proper use of the car safety seat, including each item checked above.

Signature of technician	Date
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Each of the items checked above was demonstrated to me.

Signature	Date
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