



**Buckle Up Kids**  
NORTH CAROLINA

North Carolina Department of Insurance  
Office of State Fire Marshal  
1202 Mail Service Center • Raleigh, N.C. 27699-1202

## Criteria For Participation In The NC Buckle Up Kids Program

*Revised: November 18, 2009*

1. A primary and secondary Buckle Up Kids contact (BUK) must be identified for each county and an agreement must be renewed annually in order to remain in good standing with the NC Department of Insurance-Office of State Fire Marshal (NC DOI-OSFM). Agencies that coordinate a BUK Program in addition to a Safe Kids (SK) program are encouraged to appoint different personnel as primary contacts for their BUK and Safe Kids programs, but it is not required.
2. In order to participate in the BUK program, both the primary and secondary contacts must have approval and support from their agency supervisors and, if a county currently has an active SK program, from the county SK Coordinator.
3. The primary and secondary contacts must both have a current National Child Passenger Safety Technician certification. The secondary contact is to assist and aid the primary contact in meeting the following requirements. In the event that the primary contact cannot fulfill his/her duties, the responsibility of the BUK program will revert to the secondary contact.
4. A fire, EMS or rescue provider should be the primary or secondary contact. The primary and secondary contacts should represent different agencies, in order to target different segments of the community.
5. Contacts must provide secure storage for child restraints when shipped.
6. Contacts must work within their community to increase awareness of the importance of child passenger safety and work to insure the continuance of the program.
7. Technicians installing child restraints must provide education on the proper usage and installation, to each child restraint recipient.
8. Contacts must maintain adequate records on the distribution of all child restraints (i.e., name, address, age of child and other necessary information). Distribution forms are required to be completed for each child restraint distributed through the BUK program.
9. Child restraints should be distributed to agencies and permanent checking stations, within the county, with Nationally Certified Technicians. All Distribution forms will be returned to the primary contact and maintained for auditing purposes, record keeping, and quarterly reports for three years. Primary contacts do not need to send Distribution Forms to NC DOI-OSFM.

10. The primary contact must compile data and submit BUK Quarterly reports on-line, on a timely basis, through the buckleupnc.org website ([www.buckleupnc.org/restricted.cfm](http://www.buckleupnc.org/restricted.cfm)). Quarterly reports (for the NC GHSP October - September project year) are due: January 5th (for the October - December quarter), April 5th (for the January - March quarter), July 5th (for the April - June quarter), and October 5th (for the July - September quarter). **Only counties who report each quarter on a timely basis will be eligible to receive child restraints.**
11. **It is the responsibility of the primary contact to notify NC DOI-OSFM of any personnel changes in primary or secondary contacts, within 30 days of such action. If a contact changes without notification to NC DOI-OSFM, the BUK Program will be terminated in that county until a new agreement is completed. In addition, no grace period for reporting will be offered.**

## **Concept**

The Buckle Up Kids (BUK) program is intended to assist child passenger safety advocates in each county containing a child passenger safety program by providing a limited number of child restraints purchased through funding from the North Carolina Governor's Highway Safety Program (GHSP). Training and resources are also provided to insure that trained, qualified personnel are installing the child restraints.

## **Child Restraints**

Child restraints that have been purchased through GHSP funds and shipped to the primary contact are for distribution to at-risk children and families in the county. At-risk children are defined as children receiving government assistance including, but not limited to, those receiving WIC, Medicaid, or Medicare. Local BUK programs should distribute their County's allotment of restraints throughout the County and should include all other agencies with certified child passenger safety technicians providing CPS services to parents and caregivers. Child restraints purchased through State of North Carolina funds can only be provided to a permanent checking station (PCS) that meets the criteria for recognition as a PCS by the NC CPS Training Committee ([www.buckleupnc.org/training\\_policies\\_pcs.cfm](http://www.buckleupnc.org/training_policies_pcs.cfm)). It is suggested that the primary contact meet with active technicians in their county to determine the best distribution method.

NC DOI-OSFM/GHSP cannot provide enough child restraints for the needs of every county, so we recommend that the BUK contacts and child passenger safety technicians find other means and resources to continue child passenger safety efforts when child restraints are no longer available through the BUK program. NC DOI-OSFM requires that local programs receiving BUK seats through this program request some amount of payment, co-payment, or contribution from the caregiver for the BUK child restraints that are being distributed, unless a local agencies policies preclude accepting payment for the BUK seats. If the child is receiving state assistance, the technician distributing the seat can request a co-payment for each child restraint. This money must go to a fund that will be used to purchase additional child restraints and help continue the child passenger safety efforts in the county. Additionally, these funds can be used as matching funds for possible grant opportunities. In 2009, NC DOI-OSFM paid approximately \$50.00 for convertibles, \$30.00 for high back boosters and \$14.00 for no-back boosters.

## **Child Restraint Distribution Form**

A Child Safety Distribution Survey Form must be completed for each BUK child restraint distributed by the County BUK program. The BUK primary contact is responsible for maintaining these forms for quarterly reporting, auditing purposes and liability protection related documentation.

When providing child restraints to other agencies, the Primary Contact must be sure to also provide a Child Restraint Distribution Form for each child restraint. These agencies must submit the forms to the BUK primary contact in a timely manner in order for the primary contact to compile all data to generate

the county quarterly report. Alternatively, the Primary Contact may request that the other agencies submit their own CR distribution report through the buckleupnc.org online reporting system (refer to Quarterly Reports below). Do not send completed Distribution Forms to NC DOI-OSFM.

The distribution form is available for download from both the Safe Kids North Carolina and buckleupnc.org websites ([www.ncdoi.com/OSFM/SafeKids/sk\\_bu\\_forms.asp](http://www.ncdoi.com/OSFM/SafeKids/sk_bu_forms.asp) and [www.buckleupnc.org/progman/](http://www.buckleupnc.org/progman/)).

## **Quarterly Reports**

Quarterly reporting follows the federal fiscal year and are therefore due by the 5th of January, April, July, and October (the federal fiscal year begins on October 1 and ends on September 30). Reports are to be submitted on-line through the buckleupnc.org Program Management system. The on-line system, is accessed through [www.buckleupnc.org/restricted.cfm](http://www.buckleupnc.org/restricted.cfm). The BUK primary contact is responsible for ensuring that each report is submitted on-line by the required deadline. In conjunction with submitting your on-line report, please mail or e-mail any news articles about child passenger safety efforts in the county to NC DOI-OSFM, Attn: Allison Cummings; 1202 Mail Service Center, Raleigh, NC 27699-1202; [allison.cummings@ncdoi.gov](mailto:allison.cummings@ncdoi.gov).

If there have been no CPS activities or child restraints distributed during a reporting period, a quarterly report must still be submitted on-line to NC DOI-OSFM. A policy has been established that all quarterly reports must be submitted by the designated deadline or there will be no shipment of additional child restraints. Funding for this program is provided from the NC Governor's Highway Safety Program (GHSP). To receive this funding, NC DOI-OSFM must provide quarterly reports to GHSP. NC DOI-OSFM must have each BUK counties quarterly reports for our quarterly reports to GHSP. Failure to supply these reports to our office will result in ineligibility for future grant funding for child restraints.

## **Coordinators Training**

All primary and secondary BUK contacts are required to have and maintain the National Child Passenger Safety Technician Certification. In the event that the primary contact's technician certification expires, the role of program coordination will be assumed by the Secondary Contact. In the event that the technician certifications for both the Primary and Secondary contacts expire, the BUK program will be terminated in that particular county and all seats must be returned to NC DOI-OSFM unless other contacts for the BUK program who are currently certified can be identified.

Contact Information: Allison Cummings;  
NC Buckle Up Kids Program  
Phone: 919-661-5880 x314  
E-mail: [allison.cummings@ncdoi.gov](mailto:allison.cummings@ncdoi.gov)

**Buckle Up Kids Primary Contact: *I have read and agree to the attached criteria to participate in the Buckle Up Kids program as the Primary Contact:***

Agency/Department: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Technician ID: # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Shipping Address for Child Restraints (if different from mailing address)\*\*: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary/Home County: \_\_\_\_\_  
 Counties Served: \_\_\_\_\_

*I have read the criteria to participate in the Buckle Up Kids program and agree to support the individual named above as the Primary Contact for this program:*

Supervisor's Name: \_\_\_\_\_  
 Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please note: Child Restraints awarded annually as part of the Buckle Up Kids Grant, will be shipped to the Primary Contact's shipping address unless otherwise noted in the buckleupnc.org program management system.**

**Buckle Up Kids Secondary Contact: *I have read and agree to the attached criteria to participate in the Buckle Up Kids program as the Secondary Contact:***

Agency/Department: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Technician ID: # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Shipping Address for Child Restraints (if different from mailing address): \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I have read the criteria to participate in the Buckle Up Kids program and agree to support the individual named above as the Secondary Contact for this program:*

Supervisor's Name: \_\_\_\_\_  
 Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be filled out and signed if the applicant's County has an active Safe Kids coalition:

**Safe Kids Coordinator:** *I have read and agree to the attached criteria and approve that the contact/contacts listed above are acceptable for participation in the Buckle Up Kids program:*

Agency/Department: \_\_\_\_\_  
SK Coordinator Name (print): \_\_\_\_\_  
Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Mail the ORIGINAL SIGNATURE copy of this agreement to:

Ms. Allison Cummings  
Injury Prevention Coordinator  
Office of State Fire Marshal  
NC Department of Insurance  
322 Chapanoke Road  
1202 Mail Service Center  
Raleigh, NC 27699-1202

Phone: 919-661-5880 x314

- SAMPLE ONLY -  
Use the BUK Agreement generated through Primary/Secondary Contacts' Program Management profiles for submitting applications.