

United States CONSUMER PRODUCT SAFETY COMMISSION Washington, D.C. 20207

No Miss PrvtLbirs on Products Identified

Firms Notified,
Comments Processed

MEMORANDUM

DATE : March 7, 2000

TO : EP

Through: Sadye E. Dunn, Secretary

FROM : Martha Kosh

SUBJECT: Petition Requesting Requirements for Buckles on

Child-Restraint Systems on Various Children's

Products

ATTACHED ARE COMMENTS ON THE ____CH 00-2

COMMENT	DATE	SIGNED BY	AFFILIATION		
CH 00-2-1	2/11/00	John Galbreath (Petitioner)	2516 Chestnut Woods Ct. Reisterstown, MD 21136		
СН 00-2-2	2/16/00	Frances Wallach Ed.D, CLP, CTRS, CPSI	Total Recreation Management Services, Inc. 395 South End Avenue Suite 29J New York, NY 10280		
CH 00-2-3	2/23/00	Holly Lulejian	<pre><sales@wathen-castanos- Com></sales@wathen-castanos- </pre>		
CH 00-2-4	2/29/00	Susan Ouffoue	souffoue@archdpdx.org Archdiocese of Portland		
CH 00-2-5	3/03/00	Diane Gore	<dianegore@aol.com></dianegore@aol.com>		
CH 00-2-6	3/05/00	Lisa Kaukonen	<celtic3@prodigy.net></celtic3@prodigy.net>		
CH 00-2-7	3/06/00	John Preston P.E.	John Preston Consulting 4025 Peppertree Lane Silver Spring, MD 20906-2586		
CH 00-2-8	3/06/00	Kathy Lehman	Tsabear@aol.com		
CH 00-2-9	3/06/00	Jennifer Beard	<pre><jenandbrent1@email.msn. com=""></jenandbrent1@email.msn.></pre>		

CHOO-2-1

John A. Galbreath 2516 Chestnut Woods Ct. Reisterstown, MD 21136 410-666-7273

February 11, 2000

Office of the Secretary U.S. Consumer Products Safety Commission Washington, DC 20207

Subject: Petition HP00-1, Petition for Child-Restraint Systems

Dear CPSC:

Dear CPSC:

In further support of my subject petition, I wanted to bring to your attention the attached article excerpt in which a mathematical point of the dearest that the dearest which a mother talks about how easily her daughter defeats restraint system buckles and the danger that poses.

The article helps to illustrate that this problem is not at all unusual - rather, it's commonly experienced by many parents and other caregivers. As I run across similar articles, I'll forward them to you.

Sincerely,

John Galbreath

LEXIS®-NEXIS® Academic Universe

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View Related Topics

October 6, 1996, Sunday

ADVANCED-DATE: October 6, 1996

SECTION: SPECIAL:HEALTH; Ed. 1,2; Pg. HEALTH-6

LENGTH: 927 words

HEADLINE: Toddler torments Accidents are top threat to child

SERIES: CHILDREN

BYLINE: Penni Crabtree

Penni Crabtree is a free-lance writer.

BODY:

Megan Duncanson is a normal, healthy, active 22-month-old toddler — and that's pretty much the problem.

At 19 months, Megan learned to unbuckle her car seat and stroller seat belts. One of her first acts of shaky-legged independence was to tumble down a flight of stairs. And then there was the time she managed to take a spill from a shopping cart, though she was in a safety seat.

"At first, your baby is just this loaf that lies there," said Karen Duncanson, Megan's often anxious mother.
"Then the baby starts advancing through all these stages, and you find yourself hopping around all the time to make sure they're OK.

"I'm not so much worried about mumps, measles and chicken pox -- it's the accidents," said Duncanson, 32, of Carlsbad. "Megan's really exploring now and has no fear, which means I have a lot."

Duncanson's fears are well founded. Though ranked only fifth on the list of leading causes of death among infants, accidents rise to the top of the chart after a child's first year, according to county statistics. Throughout childhood, accidents kill or seriously impair more children than any single disease or chronic health condition.

"In the 1930s, the leading cause of death was diarrhea, because we didn't understand then what we know now about fluids and electrolyte management," said Dr. Buzz Kaufman, director of inpatient services at Children's Hospital. "Since then, science has done a lot to prevent or cure illness; now accidents, and often very preventable accidents, are taking a toll."

For parents like Karen and Rob Duncanson, child safety issues are a priority. The Duncansons attended a child safety class, which taught them, among other things, to install gates around the fireplace, covers over

the electrical outlets and child-proof locks on all the doors.

These and other home safety measures will help ensure a healthy toddler, pediatricians agree. But as children get older, and venture more into the outside world, other safety concerns arise.

Children should be drilled in bicycle safety, water safety, and fire and burn prevention. As they take up sports, kids need to use the appropriate helmets, pads and other safety gear. And always, seat belts and child car seats used properly will go a long way toward reducing child mortality, experts agree.

Keeping children on their immunization schedule — shots run through 2 years of age, with boosters as children enter school — will also help preserve a child's health, local pediatricians said.

Yet parents should expect their children to get their share of common infections and ailments through the toddler years. By age 4 or 5, most children have developed immunities that will see them though school.

"A lot of new parents don't understand it's common for kids to have one or two infections a month for the first couple of years of life," said Dr. Dick Buchta, head of the division of pediatric and adolescent medicine at Scripps Clinic. "It is a natural thing."

Children should see their pediatricians regularly until age 2, and at least annually as they grow older for developmental screening purposes, Buchta said.

"Kids between ages 5 and 10 are very healthy, healthy physically and, if brought up well, healthy psychologically," Buchta said. "Five or 10 percent of the childhood population may have problems, but for the most part they won't be major problems."

Though most kids suffer few serious ailments during childhood, behavioral and developmental problems — such as attention deficit hyperactivity disorder — may manifest or become recognized as they enter school.

Those problems need to be addressed, but parents and teachers should be cautious about looking for a "quick medical fix," Buchta said.

"Sometimes it is easier to prescribe medicine than take time to find out what is really happening with a child," Buchta said. "We're tending to medicate our population of kids more than is healthy; it's hard for me to believe that 10 or 15 percent of kids need to be on some medication in order to function at school—and the percentage is that high in some populations."

Good nutrition and exercise remain vital to a child's well-being, said local pediatricians. Studies show that children are heavier than their counterparts a generation ago, and now more than 30 percent of school-age youngsters are overweight.

Parents should provide children with appropriate amounts and kinds of food, as well as encourage physical activity. Food preferences are developed early in life, so parents need to push healthy food choices.

At some point, depending on a child's rate of physical and emotional growth, parents may want to consider sending their child to a physician with expertise in adolescent medicine, said some health professionals.

Girls can enter puberty as early as 8, though the average girl begins to develop at 10, and to menstruate at 12. Boys begin developing as early as 9, though most aren't fully developed until 15.

2 of 3 12/14/99 2:43 PM

So how does a parent gauge the time is right to seek a different medical approach for their child?

"I like to say, somewhat facetiously, between the ages of 11 and 13, or when a kid starts smoking cigarettes.— which ever comes first," said Dr. Lawrence Friedman, chief of adolescent medicine at UCSD. "The latter definition is a behavioral one, but that is the point.

"A lot of health-care issues for adolescents are related to their social behavior, and at some point youngsters should be seen by someone with expertise in teen-agers."

GRAPHIC: 1 PHOTO; Karen Duncanson buckles her daughter, Megan, into her car seat in the back of the family car. Science has helped reduce many problems related to childhood disease, so safeguarding the health of a youngster means that parents need to concentrate on accident prevention.

LANGUAGE: ENGLISH

LOAD-DATE: October 5, 1996

T R

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TOTAL REPRESTION MANAGEMENT SERVICES, INC.

SUITE 291

NEW YORK, NY 10280 (212) 321-2546 FAX: (212) 912-1345

February 16, 2000

Office of the Secretary U.S. Consumer Product Safety Commission Washington, D.C. 20207

Dear Sir or Madam:

I have read John Galbrath's petition to initiate a new rule that will set the standard for child resistance in the buckles used in child restraint systems. I believe his data is most impressive and would like to support his petition for the CPSC to investigate the development of such a standard.

Please feel free to contact me, should you have any questions.

Sincerely,

Frances Wallach, Ed.D., CLP, CTRS, CPSI

- walluh

FW:ec

From:

"Holly Lulejian" <sales@wathen-castanos.com> at INTERNET-MAIL

Sent:

Tuesday, February 22, 2000 3:56 PM cpsc-os@cpsc.gov at internet-mail johnand marie@go.com at internet-mail

Cc: Subject:

Petition HP-00-1

** High Priority **

** Reply Requested by 2/23/2000 (Wednesday) **

To whom it may concern: I am sending you this note in support of the child restraint system petition mentioned above. I have had numerous experience where my 18 month old daughter has gotten out of a shopping cart restraint either by wiggling out or unlatching the belt, which is done within seconds after turning my back. Please take a look at this problem and considered changing the standard to which these restraints and others like it apply.

C400-2-4

Stevenson, Fodd A

From:

"Ouffoue (Altig) Susan" <souffoue@archdpdx.org> at INTERNET-MAIL

Sent: Tuesday, February 29, 2000 1:47 PM

To:

"'cpsc-os@cpsc.gov" <cpsc-os@cpsc.gov> at internet-mail

Subject: Petition HP-00-1 Petition for Child Restraint Systems

I would definitely like to see safer child restraint buckles in strollers, hair chairs, shopping carts etc.

Susan Ouffoue souffoue@archdpdx.org Tribunal Archdiocese of Portland Stevenson, Todd A.

3400-2-5

From:

<DianeGore@aol.com> at INTERNET-MAIL

Sent: To: Friday, March 03, 2000 2:32 AM cpsc-os@cpsc.gov at internet-mail

Subject:

petition HHP-00-1

I would like to say that I have had problems with my children opening car

seat latches and wriggling out of shopping cart and high chair restraints.

Something definitely needs to change!



160

From: Sent: "Steve Lisa & Justin Kaukonen" <celtic3@prodigy.net> at INTERNET-MAIL

To:

Sunday, March 05, 2000 11:30 PM <psc-os@cpsc.gov> at internet-mail

Subject:

No subject given



To whom it may concern:

I am writing to give my opinion that child buckles on strollers, shopping carts, etc. be made child-resistant. The number of accidents are alarming! We need to protect our children.

Thank you,

Lisa Kaukonen

CHEE - 2 - 7

John Preston Consulting

4025 Peppertue Lanz. Silver Spring. Maryland 20906-2586

March 6, 2000

Office of the Sccretary Consumer Product Safety Commission 4330 East West Highway Bethesda, MD 20814

Subject: Comments on Petition HP-00-1, Petition for Child-Restraint Systems

The subject petition, from John A. Galbreath, "requests that the CPSC initiate a new rule requiring that the buckles used to fasten child restraint systems in various products meet a child-resistance standard." The petitioner claims that the lack of a standard for child resistant buckles is a contributing factor in many injuries that occur when children fall out of these products. The products the petitioner seeks to be within the scope of the requested rule include strollers, high chairs, changing stations, shopping carts, and the like.

In part, the petitioner provides support for his request by citing a 1997 report¹ that evaluated the child resistance of three styles of stroller belt buckles. The report concluded that some buckles on stroller restraint systems may provide false security to parents and caretakers since they do not have to meet any performance standard regarding child resistance. At the times the report was published, I was the Chief Engineer for Children's Products at the CPSC and the author of the report, Dr. Marcella Ridenour, sent me several copies. After reading Dr. Ridenour's conclusions, I requested a search of CPSC incident data files to determine if there were any reports of incidents or injuries associated with the ability of a stroller occupant to operate the release mechanism of the restraint buckles and thereby fall out. Printouts from NEISS, IPII, INDP and DTHS files (copies enclosed) for the period 1/93 to 1/12/98 revealed the following:

NEISS (3 entries) – Comments made no mention that injuries were associated with buckle release by the occupant.

IIPI (11 entries) – Five entries mentioned buckle release but none stated that the release was initiated by the occupant.

INDP (4 entries, 2 of which were incidents reported in IIPI file) – Two incidents reported buckle release but neither stated that the release was initiated by the occupant.

DTHS - No entries.

¹ Marcella V. Ridenour, "How Child-Resistant Are Stroller Belt Buckles?", Perceptual and Motor Skills, 1997, 84, 611-616.

Office of the Secretary Page 2

In the absence of reports to the CPSC regarding an occupant's ability to release a buckle on a stroller restraining system. CPSC staff did not further pursue Dr. Ridenour's allegation that "some buckles on stroller restraint systems may provide false security to parents and other caretakers."

Petition HP-00-1 was accompanied by incident data covering the time period 7/31/98 to 7/31/99 that was stated to have been obtained from CPSC's NEISS and other data bases. The data summarized 23 incidents in which children fell out of strollers (6 incidents), high chairs (6 incidents) and shopping carts (11 incidents). In 13 of the incidents, "verbatim comments" provided by the petitioner stated that a restrained occupant released the buckle of the restraining straps. I would like to request a copy of the CPSC data that was provided to the petitioner that, in part, is used as evidence to support his request for a new rule for the buckles of child restraint systems on certain products to have a double-action release mechanism.

Sincerely,

ge o Pute

John D. Preston, P.E.

Enclosure

11:23 Monday, January 12, 1998

*PRODUCT 1522 BABY STROLLERS

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No records tound in DIKS

301-460-1097

John Preston Consulting 4025 Peppertree Lanc. Silver Spring. Maryland 20906-2586

FACSIMILE COVER SHEET

FROM: John Preston

PHONE No. 301-460-2795

FAX No:

301-460-1097

E-MAIL:

iolsonjohn@aol.com

Number of pages (including cover page): 8

DATE:

March 6, 2000

TO: Office of the Secretary

Fax No: 301-504-0127

MESSAGE:

Attached are comments to Petition HP-00-1, Petition for Child-Restraint Systems.

Stevenson, Fodd A.

From:

<Tsabear@aoi.com> at INTERNET-MAIL

Sent:

Monday, March 06, 2000 1:20 PM cpsc-os@cpsc.gov at internet-mail

To: Subject:

Petition HP-001, "Petition for Child-Restraint Systems"

It appalls me to see the number of serious accidents that are occurring every

year, and yet nothing has been done to remedy this situation. Please, for our

children's sake, please make the safety belts childproof. Children are a lot

smarter than we think, and they figure things out easily. The current standard safety belts are just too simple. My son learned how to buckle

when he was only 1 1/2 years old! Sincerely,

A Concerned Parent,

Kathy Lehman

Stevenson, Todd A.

CHSS-3-9

From:

"BRENT BEARD" <jenandbrent1@email.msn.com> at INTERNET-MAIL

Sent: **
To:

Monday, March 06, 2000 10:36 PM <psc-os@cpsc.gov> at internet-mail

Subject:

child restraints



I would like to see child restraints become child

proof on strollers, car seats and especially shopping carts, and restaurant high chairs. These are very dangerous for children and with a small adjustment, they could be alot safer for everyone involved. Thanks Jennifer Beard