



**COMMISSIONERS COURT  
COMMUNICATION**

COURT ORDER NUMBER 145069  
PAGE 1 OF 8  
DATE: 4/15/2025

**SUBJECT: CONSIDERATION OF AGREEMENT BETWEEN TARRANT COUNTY, D/B/A TARRANT COUNTY PUBLIC HEALTH AND THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES TO CONTINUE PARTICIPATING IN THE SAFE RIDERS CHILD SAFETY SEAT DISTRIBUTION AND EDUCATION PROGRAM AS A DISTRIBUTION SITE PARTNER ORGANIZATION**

**\*\*\* CONSENT AGENDA \*\*\***

**COMMISSIONERS COURT ACTION REQUESTED**

It is requested that the Commissioners Court consider an agreement between Tarrant County, d/b/a Tarrant County Public Health (TCPH) and the Texas Department of State Health Services (DSHS) to continue participating in the Safe Riders Child Safety Seat Distribution and Education Program as a Distribution Site Partner Organization.

**BACKGROUND**

Safe Riders is a statewide child passenger safety program dedicated to preventing child deaths and reducing child injuries due to motor vehicle crashes and is authorized by Texas Health and Safety Code, Chapter Forty-Five (45). For more than thirty (30) years, Safe Riders has successfully implemented the program and continues to prioritize Texas child passenger safety efforts. Safe Riders partners with distribution site partner organizations to coordinate, train and educate on child passenger safety and distribute child safety seats to families in need.

On February 7, 2023, the Commissioners Court, through Court Order #140247, approved an agreement between Tarrant County and DSHS for the County's participation in the Safe Riders program as a distribution site partner organization.

As a distribution site partner organization, TCPH offers one-hour classes for program participants and distributes free Safe Rider Child Safety Seats. In 2023, TCPH conducted thirty-seven (37) classes and distributed 242 car seats. As of 2024, thirty-three (33) classes were held, and 203 car seats were distributed. Participation in this program supports the public health core function of assurance through preventative programs with the goal of informing and educating residents on health and safety, specifically, infant and child safety.

This agreement presented for consideration sets forth the terms of this partnership and if approved, TCPH will continue providing program services to qualifying Tarrant County residents. Duties of the program will continue to be assigned as a portion of the roles of two (2) full-time employees currently trained as Certified Passenger Safety Technicians (CPSTs).

SUBMITTED BY	Public Health	PREPARED BY:	Gary Collins
		APPROVED BY:	Amanda Campbell



# COMMISSIONERS COURT COMMUNICATION

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The Criminal District Attorney's Office has reviewed this document as to form.

## **FISCAL IMPACT**

All associated costs will be paid from fund allocations in T0450-2025 Public Health 1115 Waiver Fund.

**2025 SAFE RIDERS CHILD PASSENGER SAFETY EDUCATION AND PARTNER SITE  
PROGRAM AGREEMENT FORM**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS) IN COOPERATION WITH THE TEXAS DEPARTMENT OF TRANSPORTATION (TXDOT)

For a full description of program protocols, please review the Safe Riders Implementation Guidelines for reference.

By signing this agreement,  
agrees to abide by Safe Riders Child Passenger Safety Education and Distribution Partner Site program guidelines listed below if accepted as a Distribution Partner Site program. Primary contact, secondary contact, and director or supervisor of organization must initial each section below.

**REQUIRED TRAINING ATTENDANCE:** We agree the primary and secondary contacts listed will attend mandatory Safe Riders training.

Initials

**ELIGIBILITY:** We agree to verify eligibility and distribute Safe Riders child safety seats to low-income families at no charge. We understand we may not accept fees, donations, or other compensation for child safety seats.

Initials

**OTHER SEAT ALLOTMENTS:** If receiving child safety seats from other sources, we agree to keep that inventory separate from Safe Riders distribution program child safety seats and disclose the source and the distribution policies to Safe Riders in this application.

Initials

**CHILD PASSENGER SAFETY TECHNICIANS (CPSTs):** We agree to maintain at least two Child Passenger Safety Technicians (CPSTs) on staff and understand the primary and secondary contacts for the program must be CPSTs.

Initials

**RESTRICTIONS:** We agree to serve any eligible family attending the required education class. We understand Safe Riders is a public service, and we cannot restrict education and child safety seats to only our clients or for residents of specific cities, counties, or zip codes.

Initials

**REFERRALS:** We agree to accept Safe Riders telephone referrals and have our referral information posted online. We understand the voicemail recording should mention the Safe Riders child safety seat program in the outgoing message in English and Spanish. We agree to return calls for child safety seat appointments within three business days.

   Initials

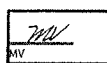

**EDUCATION:** We agree to make our services open to the public, scheduled by appointments, and conducted by certified CPSTs. We agree to offer a minimum of one service per month to the community. We understand we can offer additional classes or child safety seat checkups if we are able to do so. We understand families who may not be in need of a new child safety seat are still welcome to participate in the education. Details about expectations are listed in the Implementation Guide.

   Initials

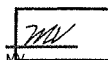

**CURRICULUM:** We agree to use the Safe Riders educational outline in the Implementation Guide when conducting education classes. We understand we may supplement the education but must submit a copy of the supplemented material to Safe Riders prior to use.

   Initials

**LIABILITY:** We agree to collect a signed client release of liability form or signed checklist form (provided by Safe Riders) from each client receiving a child safety seat. We understand we should offer a copy to the parent or caregiver and retain the original. We agree to retain all signed liability forms for at least five years from date of signature.

   Initials

**DELIVERY:** We agree to report issues with child safety seat shipment to Safe Riders immediately. We understand Safe Riders will provide the shipment of child safety seats at no cost to us. However, inside delivery is not included. We understand once the shipment is enroute, we cannot change delivery address.

   Initials

**MONTHLY REPORTS:** We agree to submit monthly reports using the Qualtrics link provided each month. We agree to submit each monthly report to Safe Riders no later than the fifth day of the following month.

   Initials

**DISTRIBUTION SITE:** We understand this application is for one Distribution Partner Site organization. We understand if we partner with other community agencies to host child passenger safety education and distribution services, we will remain responsible for all Safe Riders child safety seat inventory, distribution, and reporting. We understand Safe Riders child safety seats may not be given or shared with other organizations or partners that were not approved in the application or by Safe Riders in advance.

   Initials

**PROMOTION:** We understand if the Safe Riders logo is used for promotional flyers created by us, Safe Riders must review and approve the material prior to use. Safe Riders will need 3-4 weeks to review and approve.

   Initials

**COMMUNICATION:** We agree to contact Safe Riders as soon as possible if there are changes to the program contacts, distribution location(s), storage, or referral information. We agree to inform Safe Riders if we are having any challenges, or the program is unable to adhere to Safe Riders implementation guidelines.

   Initials

**MONITORING:** We understand Safe Riders may schedule a site visit and observe education and distribution activities conducted by us at any time.

   Initials




**RE-DISTRIBUTION:** We understand Safe Riders reserves the right to re-distribute child safety seats awarded at any time, specifically if we do not comply with all Safe Riders program guidelines or fail to distribute child safety seats. If this occurs, we understand our organization will be responsible for transferring seats to another site or back to Safe Riders and may incur shipping fees.

   Initials

**NON-ENGLISH-SPEAKING CLIENTS:** We agree to accept and return calls from non-English-speaking families within three business days. We understand it is the expectation and responsibility of our program to be inclusive and provide child passenger safety education to non-English-speaking families.

   Initials

**PROGRAM RULES AND GUIDELINES:** We understand Safe Riders reserves the right to enact new program rules or guidelines, or alter or eliminate existing guidelines, as Safe Riders deems necessary. If we are unable or unwilling to abide by the guidelines, we agree to notify Safe Riders immediately.

   Initials

**Execution of Agreement:** This agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this agreement, and all of which, when taken together, shall be deemed to constitute one and the same agreement. The exchange of copies of this agreement and of signature pages by electronic transmission shall constitute effective execution and delivery of this agreement as to the parties and may be used in lieu of the original agreement for all purposes. Signatures of the parties transmitted or executed electronically shall be deemed to be their original signatures for any purpose whatsoever.

**By signing this agreement, I confirm that I have read the Safe Riders 2025 Distribution Partner Site Implementation Guide, and if selected to be a Distribution Partner Site, I agree to comply with the program policies and procedures as outlined in the Implementation Guide. I understand non-compliance could result in external review or dismissal of my program as a Safe Riders Distribution Partner Site. Failure to comply with any of these policies may have a negative impact on future Safe Riders distribution program applications from my organization.**

Primary Contact Person Name:

**Signature:** *Marisol Veronesi*  
Marisol Veronesi (Feb 10, 2025 14:53 CST)

**Date:** 02/10/2025

Secondary Contact Person Name:

**Signature:** *Isel M. Collazo*  
Isel M. Collazo (Feb 10, 2025 14:57 CST)

**Date:** 02/10/2025

Organization Director/Board Member/Supervisor Name:

**Signature:** Tim O'Hare, County Judge  
see "Separate Electronic Signature Page"

**Date:** \_\_\_\_\_

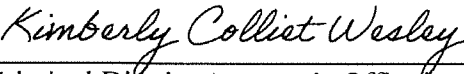
- When sending electronically, please copy all contacts upon submission.  
***Send via email only to*** [Saferiders@dshs.texas.gov](mailto:Saferiders@dshs.texas.gov).

**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

**COUNTY OF TARRANT  
STATE OF TEXAS**

By: Separate Electronic Signature Page  
Tim O'Hare  
County Judge

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Criminal District Attorney's Office\*

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.