

I. Application Instructions

Review all application documents before you begin to ensure you understand all instructions, guidelines and questions contained in this application. A list of tips for completing a successful application is provided as Attachment 3. If you have any questions about this application, please contact LCDR Molly Madson at (530) 246-5339 x302/molly.madson@ihs.gov OR Carolyn Garcia at (916) 930-3981 x336 / carolyn.garcia2@ihs.gov.

A. **Eligibility:** All tribes and tribal health programs receiving services through the California Area Indian Health Service Division of Environmental Health Services (CAIHS DEHS) are eligible to apply for injury prevention project funding. Tribes who have already taken their injury prevention program tribal shares are not eligible for this funding. ***If you are unsure of your eligibility, please contact Carolyn Garcia at (916) 930-3981 x336 before submitting your application.***

B. **Application Submission:** All mini-grant applications must be received by the CAIHS DEHS before close of business **December 14, 2018**. Email your completed application and supplemental supporting documentation to: carolyn.garcia2@ihs.gov. You may also fax your completed application and supplemental supporting documents to (916) 930-2954 OR mail your completed application to:

California Area Indian Health Service
ATTN: Carolyn Garcia
Division of Environmental Health Services
650 Capitol Mall Suite 7-100
Sacramento, CA 95814
FAX PH: 916-930-3954

Ensure that all materials that are faxed or mailed are **addressed to the attention of “Carolyn Garcia”**. Upon receipt of your application, within 24 hours you will receive an email at the email address included on your application notifying you that your application was received. If your application is incomplete, you will be notified and offered the opportunity to submit any missing materials. If your mini-grant application is not complete by close of business December 28, 2018, your application will be removed from consideration for funding in FY2019.

C. **Deadline Extension:** If you are not able to submit your completed application by **December 14, 2018**, you may request an application deadline extension. All application deadline extension requests must be received in writing by our office no later than close of business **December 10, 2018**. Requests for an application deadline extension received after December 10, 2018 will not be considered.

To request an extension, submit a written request to our office using the form included in this application as Attachment 1: Extension Request. Return your extension request form to the California Area Division of Environmental Health Services (CAIHS DEHS) via email to carolyn.garcia2@ihs.gov, by fax to

(916) 930-2954 OR by mail to the California Indian Health Service, Division of Environmental Health Services, 650 Capitol Mall Suite 7-100, Sacramento, CA 95814. Ensure that all materials faxed or mailed are addressed to the attention of “Carolyn Garcia”.

Upon receipt of your extension request form, you will be notified whether or not your extension request has been approved by email no later than December 14, 2018. Please note that the any deadline extension granted is limited to an additional 14 days beyond the original application deadline.

D. Funding Level Factors: Each mini-grant application received by the CAIHS DEHS is evaluated using criteria designed to define a *WEIGHT FACTOR* that is used to adjust an applicant’s funding level. The criteria used to arrive at a *WEIGHT FACTOR* for each application is summarized below.

D.1: Child Passenger Safety Seat (CPSS) Program: The following criteria are used to determine your application’s funding level in FY2019. All applicants begin with an initial *funding level factor* of 1.0.

#1 If your program was funded in FY2018, your *funding level factor* is **decreased by a 1.0 WEIGHT FACTOR** and is not eligible for funding if your program fails to submit a program reporting form for FY2018 that includes a receipt to document the purchase of at least 75% of the car seats your CPSS distribution program was awarded funding to purchase in FY2018 by the CAIHS DEHS injury prevention mini-grant program.

To foster the incorporation of methods that greatly improve the effectiveness of a Child Passenger Safety Seat (CPSS) distribution program, the initial *funding level factor* is adjusted further if the following elements are incorporated into your distribution program:

#2 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program has performed a baseline CPSS observational survey to evaluate your CPSS program in FY2019 using a methodology that has been approved by the Indian Health Service Injury Prevention Program. (NOTE: You must provide documentation of the method(s) used to perform your baseline observational study and provide the results from your baseline study to have this *WEIGHT FACTOR* applied to your *funding level factor*. Guidance for an observational/evaluation study is enclosed in this application as Attachment 6.)

#3 Your *funding level factor* is **decreased by a 0.25 WEIGHT FACTOR** if there is no staff working in your CPSS program who is certified as National Highway and Traffic Safety Administration (NHTSA) Child Passenger Safety (CPS) Technician. (NOTE: To avoid having this *WEIGHT FACTOR* applied to your application, you must submit a valid copy of the NHTSA CPS Certificate for each certified technician working with your program.)

#4 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program provided matching resources equal to at least 50% of your FY2018 CAIHS DEHS mini-grant funding award towards the purchase of additional CPSS during the funding period. (For example, if your program was funded by the CAIHS DEHS to purchase 50 CPSS in FY2018 and your

program purchased and distributed an additional 25 CPSS in FY2018, an additional 0.25 *WEIGHT FACTOR* will be applied to your application's funding level factor. To have this *WEIGHT FACTOR* applied to your application's funding level, you must include a copy of the purchase receipt(s) with your application.)

D.2: Smoke Detector Distribution Program: The following criteria are used to determine your application's funding level in FY2019. All applicants begin with a *funding level factor* of 1.0.

#1 Your *funding level factor* is **decreased by a 1.0 *WEIGHT FACTOR*** and is not eligible for funding if your program fails to submit a program reporting form that includes a receipt that documents the purchase of at least 75% of the smoke detectors your program was awarded funding to purchase in the FY2018 by the CAIHS DEHS injury prevention mini-grant program.

To foster the incorporation of methods that greatly improve the effectiveness of a smoke detector distribution program, the *funding level factor* is adjusted further if the following elements are incorporated into your smoke detector distribution program:

#2 Your *funding level factor* is **increased by a 0.25 *WEIGHT FACTOR*** if you provide documentation of your smoke detector distribution program's partnership with another organization on the installation of the smoke detectors. A letter of commitment from the partner organization must be submitted with your application to have this *WEIGHT FACTOR* applied to your program's *funding level factor*.

#3 Your *funding level factor* is **increased by a 0.25 *WEIGHT FACTOR*** if your smoke detector distribution performs and documents follow-up testing, battery replacement or a before/after evaluation using the smoke detector evaluation guide (Attachment 5) for the smoke detectors distributed by your program. (NOTE: You must provide documentation demonstrating that follow-up testing and/or battery replacement will be performed for each smoke detector installed by your program to have this *WEIGHT FACTOR* applied to your *funding level factor*.)

#4 Your *funding level factor* is **increased by a 0.25 *WEIGHT FACTOR*** if your program provided matching resources of at least 50% of your FY2018 funding award towards the purchase of additional smoke detectors during the funding period. (For example, if your program was funded by the CAIHS DEHS to purchase 50 smoke detectors in FY2018 and your program purchased and distributed an additional 25 smoke detectors in FY2018, an additional 0.25 *WEIGHT FACTOR* will be applied to the funding level factor. To have this *WEIGHT FACTOR* applied to your application's funding level, you must include a copy of the purchase receipt(s) with your application.)

D.3: Bicycle Helmet Distribution Program: The following criteria are used to determine your application’s funding level in FY2019. All applicants begin with a *funding level factor* of 1.0.

#1 Your *funding level factor* is **decreased by a 1.0 WEIGHT FACTOR** and is not eligible for funding if your program fails to submit a program reporting form that includes a receipt that documents the purchase of at least 75% of the bike helmets your program was awarded funding to purchase in FY2018 by the CAIHS DEHS injury prevention mini-grant program.

To foster the incorporation of methods that greatly improve the effectiveness of a bicycle helmet distribution program, the *funding level factor* is adjusted further if the following elements are incorporated into your distribution program:

#2 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if you have performed a baseline observational/evaluation study of your bicycle helmet program using a methodology that has been approved by the Indian Health Service Injury Prevention Program. (NOTE: You must provide documentation of the method(s) and results from your baseline observational study to have this *WEIGHT FACTOR* applied to your *funding level factor*. Guidance for an observational/evaluation study is enclosed in this application as Attachment 4.)

#3 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program provided matching resources of at least 50% of the FY2018 funding award towards the purchase of additional bicycle helmets during the funding period. (For example, if your program was funded by the CAIHS DEHS to purchase 50 bicycle helmets and your program purchased and distributed an additional 25 bicycle helmets in FY2018, an additional 0.25 *WEIGHT FACTOR* will be applied to the funding level factor. To have this *WEIGHT FACTOR* applied to your application’s funding level, you must submit a copy of the purchase receipt(s) with your application.)

E. Device Sales. Injury prevention equipment purchased using funding provided by the CAIHS DEHS injury prevention program may only be sold by health programs that have developed all of the administrative elements required by the CAIHS DEHS Guidelines for Device Sales. Refer to Attachment 2 for details.

II. Program Reporting

The CAIHS DEHS Injury Prevention Mini-Grant Program will require recipients of an injury prevention mini-grant to submit a program distribution reporting form at the end of the funding cycle. The report will be due by November 1, 2019.

In addition to the distribution reporting form, each mini-grant recipient will be required to submit the following documentation at the end of the funding cycle:

1. Receipts for the purchase of equipment acquired using CAIHS DEHS IHS injury prevention mini-grant funding.
2. Documentation of the distribution of at least 75% of the equipment acquired using CAIHS DEHS IHS injury prevention mini-grant funding. This documentation shall include the following information:

| Injury Prevention Program | Required Information |
|----------------------------------|--|
| Child Passenger Safety Seat | The recipient's name, distribution date, the type and number of seats distributed. |
| Smoke Detectors | The recipient's name, distribution date and the number of smoke detectors distributed/installed. |
| Bicycle Helmets | The recipient's name, age, distribution date, number of helmets distributed. |



**California Area Indian Health Service
FY2019 Injury Prevention Mini-Grant Application**



III. Applicant Information

| Tribal Health Program Information | | | Program Coordinator Information | |
|--|--------|---|--|---|
| Tribal Health Care Program Name: | | | Name (first, last): | |
| Health Care Facility Name (if different from above): | | | Job Title: | |
| Facility Mailing Address: | | | Email Address: | |
| | | | Work Phone Number: XXX-XXX-XXXX | |
| City: | State: | Zip: | Mailing Address (If different from facility mailing address): | |
| Phone Number: XXX-XXX-XXXX | | | | |
| In FY2018, did your program receive a mini-grant from the California Area Indian Health Service injury prevention mini-grant program for: | | | | |
| Child passenger safety seat distribution program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If funded in FY2018, did your program submit a Program Reporting Form for FY2018 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Smoke detector distribution program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Bicycle helmet distribution program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Please select the FY2019 injury prevention mini-grant programs below for which you are applying (check all that apply): | | | | |
| <input type="checkbox"/> Child Passenger Safety Seat | | <input type="checkbox"/> Smoke Detector | | <input type="checkbox"/> Bicycle Helmet |



California Area Indian Health Service
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IV. Child Passenger Safety Seat Distribution Program Application

HEALTH PROGRAM NAME: _____

Description: Child Passenger Safety Seat (CPSS) Distribution Program

1. _____ Enter an estimate of the number of American Indian children born each year in your service population.
2. _____ Enter an estimate of the number of CPSS that your program will need in FY2019 for your Indian service population.
3. _____ Enter the amount of matching funding provided by your program in FY2018 and spent towards the purchase and distribution of CPSS. If not applicable, enter "0" and proceed to question 4.
 - 3.1. Supporting Documentation: To have a positive *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the receipt(s) for the CPSS purchased by your program using matching funds in FY2018. Check the box on the left when completed.



California Area Indian Health Service FY2019 Injury Prevention Mini-Grant Application



4. In the space below, briefly describe the methods your program will use to evaluate the success of your CPSS distribution program (e.g. observational surveys, client feedback surveys, change in knowledge evaluation, “Tell-Show-Do” training evaluations, etc.). Attach copies of any evaluation forms, observational forms and surveys used as part of your CPSS distribution program. *You may attach additional sheets as necessary.*

- 4.1. To have a positive 0.25 *WEIGHT FACTOR* applied to your application’s *funding level factor*, attach a copy of your CPSS program’s baseline CPSS observational survey results for FY2019. Check the box at the left when complete.

5. Provide the name(s) of the NHTSA certified technician(s) who will be working with your program.

Name: _____ Name: _____

Name: _____ Name: _____

- 5.1. Supporting Documentation: Attach copies of the NHTSA CPS Technician Certificates for each individual named above. Check the box on the left when completed. *NOTE: A 0.25 negative weight factor will be applied to your funding level factor if NHTSA CPS technician certificates are not included.*



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V. Smoke Detector Distribution Program Application

HEALTH PROGRAM NAME: _____

Description: Smoke Detector Distribution Program

1. _____ Enter an estimate of the number of smoke detectors your program will need in FY2019 for your Indian service population.
2. _____ Enter the amount of matching funding provided by your program in FY2018 and spent towards the purchase and distribution of smoke detectors. If not applicable, enter "0" and proceed to question 3.
 - 2.1 Supporting Documentation: To have a positive 0.25 *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the receipt(s) for the smoke detectors purchased using funding provided by your program in FY2018. Check the box on the left when completed.
3. In the space below, briefly describe the methods your program will use to distribute smoke detectors. (For example: your program partnered with the fire department to install the smoke detectors into tribal member homes.) Attach copies of any evaluation forms, observational forms and surveys used as part of your smoke detector distribution program. *You may attach additional sheets as necessary.*



California Area Indian Health Service FY2019 Injury Prevention Mini-Grant Application



3.1 To receive a positive 0.25 *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of commitment letter from your program partner who has agreed to install the smoke detectors into tribal member homes. Check the box at the left when complete.

4. In the space below, briefly describe the methods your program will use to evaluate the success of your smoke detector distribution program (e.g. evaluation of change in knowledge, follow-up testing and/or battery replacement checks, etc.). You may attach additional sheets as necessary.

4.1 To receive a positive 0.25 *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the form your program will use to document follow-up testing, battery replacement or other before/after installation evaluation you will use for the smoke detectors distributed by your program. Check the box at the left when complete.



**California Area Indian Health Service
FY2019 Injury Prevention Mini-Grant Application**



VI. Bicycle Helmet Distribution Program

HEALTH PROGRAM NAME: _____

Bicycle Helmet Distribution Program Description

1. _____ Enter the number of bicycle helmets your program estimates it will need in FY2019 for your Indian service population.
2. In the space below, briefly describe the methods your program will use to distribute bicycle helmets. (For example: bicycle rodeo, school fair, health fair, etc.)
3. Briefly describe your efforts to evaluate the success of your bicycle helmet distribution program (e.g. bike helmet observational surveys, evaluation of change in knowledge, “Show-Tell-Do” training evaluation, etc.).



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3.1 Supporting Documentation: To receive a positive 0.25 *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of your program's baseline bike helmet observational survey results for FY2019. Check the box at the left when complete.

4. _____ Enter the amount of matching funding provided by your program in FY2018 and spent towards the purchase and distribution of bicycle helmets. If not applicable, enter "0".

4.1. Supporting Documentation: To receive a positive 0.25 *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the receipt(s) for the bicycle helmets purchased by your program using matching funds. Check the box on the left when completed.



Attachment 1: Extension Request

Use this form to request an extension to the mini-grant application deadline

Return this form by close of business December 10, 2018 to:

Via Email: carolyn.garcia2@ihs.gov

Via Mail: California Area Indian Health Service;
ATTN Carolyn Garcia; 650 Capitol Mall Ste 7-100
Sacramento, CA 95814

| Tribal Health Program Information | | | Program Coordinator Information |
|-----------------------------------|--------|------|---|
| Tribal Health Care Program Name: | | | Name (first, last) : |
| Health Care Facility Name: | | | Job Title: |
| Facility Mailing Address: | | | Email Address: |
| | | | Work Phone Number: xxx-xxx-xxxx |
| City: | State: | Zip: | Mailing Address (if different from facility): |
| Phone Number: xxx-xxx-xxxx | | | |

Please select the injury prevention mini-grant program(s) below for which you are requesting a deadline extension (*check all that apply*):

Smoke Detector Child Passenger Safety Seat Bicycle Helmet

In the space below, please provide a justification for your request to receive an extension to the injury prevention mini-grant application deadline. You may attach additional sheets as necessary.



Attachment 2: Device Sale Rules

CALIFORNIA AREA INDIAN HEALTH SERVICE INJURY PREVENTION PROGRAM

GUIDELINES FOR THE OPTIONAL SALE OF INJURY PREVENTION EQUIPMENT

Indian health programs are not required to resell injury prevention equipment (i.e. car seats, bicycle helmets, or smoke detectors) received from or purchased via funds received from CAIHS. However, any Indian health program desiring to do so must adhere to the following guidelines:

1. Indian health programs desiring to resell injury prevention equipment must adopt a formal policy for such sales.
2. The policy must stipulate who shall be required to pay for equipment and at what cost. It must specify if flat rates or a sliding scale will be used to levy these charges.
3. Special accounts must be established to track collections generated from the sale of injury prevention equipment. These accounts must differentiate between collections generated from car seats, bicycle helmets, and smoke detectors.
4. Funds generated from the sale of respective injury prevention equipment must only be used to purchase the same type of additional equipment (i.e. funding derived from the sale of car seats must only be used to purchase additional car seats, funding derived from the sale of bicycle helmets must only be used to purchase additional bicycle helmets, and funding derived from the sale of smoke detectors must only be used to purchase additional smoke detectors).
5. Activity associated with the sale of injury prevention equipment must be reported on CAIHS Injury Prevention Program annual report forms.
6. Failure to abide by these guidelines may result in decreased future monetary assistance to participating Indian health programs.



Attachment 3: California Area IHS Injury Prevention Mini-Grant Application Guide



California Area Mini- Grant Guide

The California Area Injury Prevention Program wants to help you submit the very best application possible, so we are sharing our top 10 tips for a successful application and program.

California Area Office

Ms. Carolyn Garcia
DEHS Director
PH: 916-930-3981 x336
Email: carolyn.garcia2@ihs.gov

Escondido District Office

CAPT Brian Lewelling
District Environmental Health Officer
PH: 760-735-6891
Email: brian.lewelling@ihs.gov

Redding District Office

LCDR Molly Madson
District Environmental Health Officer
PH: 530-246-5339 x302
Email: molly.madson@ihs.gov

Sacramento District Office

Ms. Sandra Mastandrea
District Environmental Health Officer
PH: 916-930-3981 x338

Arcata Field Office

Mr. Aaron Alexander
Field Environmental Health Officer
PH: 707-822-1688 x207

Ukiah Field Office

LCDR Tim Shelhamer
Field Environmental Health Officer
PH: 707-462-5314 x103
Email: tim.shelhamer@ihs.gov

Clovis Field Office

Ms. Alyssa Bernido
Field Environmental Health Officer
PH: 559-322-7443
Email: alyssa.bernido@ihs.gov

- 1. Keep track of all receipts and purchases**
Attach all receipts for the helmets, smoke detectors and car seats to the program reporting form.
- 2. Turn in a completed program reporting form**
Programs who do not submit a completed program reporting form will not be eligible for funding during the next funding cycle.
- 3. Purchase regular brands items**
This means no luxury items such as \$50 bike helmets or \$300 car seats.
- 4. Spend all your money**
We want to be sure all the money is going toward injury prevention activities for the current year.
- 5. Become, or partner with, a Child Passenger Safety Technician**
Having a certified technician as part of your program will increase your points and lead to more funding.
- 6. Keep distribution lists, sign-in sheets, and flyers**
We want to see that not only have the items been purchased, but also distributed in the community.
- 7. Document success stories**
Did a parent share a story with you about an incident where injuries were prevented using the items purchased through the mini-grant? We want to hear about it!
- 8. Use the provided evaluation tools**
Incorporating program evaluation into your program will increase your funding.
- 9. Turn in a completed application**
Partial information is difficult to score and often results in reduced funding.

10. Ask us for help! Contact your local Environmental Health Specialist to get even more application tips and assistance in making your injury prevention program successful.



Attachment 4: Sample Bicycle Helmet Observation Survey

BICYCLE HELMET OBSERVATION SURVEY

Instructions: Conduct the survey at locations where a large number of children are riding bicycles (parks, ball fields, schools, swimming pools). Observe the children and circle “yes” if a helmet is worn and “no” if a helmet is not. Complete 50 observations or as many as possible in 1 hour.

At least one survey should be conducted **BEFORE** distributing the bike helmets or doing any educational campaigns or bike rodeos. Conduct this survey again **AFTER** helmets have been distributed and education was provided.

Tribe: _____ **Person conducting observation:** _____

Email address: _____ **Phone Number:** _____

Date: _____ **Time:** _____ **to** _____ **Location:** _____

| Child | Helmet | |
|-------|--------|----|
| 1 | YES | NO |
| 2 | YES | NO |
| 3 | YES | NO |
| 4 | YES | NO |
| 5 | YES | NO |
| 6 | YES | NO |
| 7 | YES | NO |
| 8 | YES | NO |
| 9 | YES | NO |
| 10 | YES | NO |
| 11 | YES | NO |
| 12 | YES | NO |
| 13 | YES | NO |
| 14 | YES | NO |
| 15 | YES | NO |
| 16 | YES | NO |
| 17 | YES | NO |
| 18 | YES | NO |
| 19 | YES | NO |
| 20 | YES | NO |
| 21 | YES | NO |
| 22 | YES | NO |
| 23 | YES | NO |
| 24 | YES | NO |
| 25 | YES | NO |

| Child | Helmet | |
|-------|--------|----|
| 26 | YES | NO |
| 27 | YES | NO |
| 28 | YES | NO |
| 29 | YES | NO |
| 30 | YES | NO |
| 31 | YES | NO |
| 32 | YES | NO |
| 33 | YES | NO |
| 34 | YES | NO |
| 35 | YES | NO |
| 36 | YES | NO |
| 37 | YES | NO |
| 38 | YES | NO |
| 39 | YES | NO |
| 40 | YES | NO |
| 41 | YES | NO |
| 42 | YES | NO |
| 43 | YES | NO |
| 44 | YES | NO |
| 45 | YES | NO |
| 46 | YES | NO |
| 47 | YES | NO |
| 48 | YES | NO |
| 49 | YES | NO |
| 50 | YES | NO |

Form was adapted from the South Dakota Department of Public Safety



Attachment 5: Sample Smoke Detector Evaluation Guide



Smoke Detector Evaluation Guide

Tribe: _____ **Address:** _____

Prior to installing or replacing smoke detectors, check the ones currently installed. Check the boxes for the smoke detectors if they are present and/or working properly.

Home Before Date: _____

Home After Date: _____

Smoke Detector in the:

Smoke Detector in the:

Downstairs Hallway

- Present
- Functional

Downstairs Hallway

- Present
- Functional

Upstairs Hallway

- Present
- Functional

Upstairs Hallway

- Present
- Functional

Bedroom 1

- Present
- Functional

Bedroom 1

- Present
- Functional

Bedroom 2

- Present
- Functional

Bedroom 2

- Present
- Functional

Bedroom 3

- Present
- Functional

Bedroom 3

- Present
- Functional

Bedroom 4

- Present
- Functional

Bedroom 4

- Present
- Functional

Finished Basement/Attic

- Present
- Functional

Finished Basement/Attic

- Present
- Functional

Notes:

Notes:



Attachment 6: Sample Child Passenger Safety Evaluation Form

Child Passenger Safety Evaluation Form

Goal: Identify an estimated number of unrestrained children in the community before and after funding.

Instructions: Observe cars at one place in the community that frequently has children present. This could include a shopping area, child care, school, health clinic, an intersection with a stop, or any other place where observers could see whether or not children are restrained. Write down the number of children observed in each car who are in a safety seat and the number of children who are not in a safety seat.

Complete this form **BEFORE** installing or distributing any child safety seats from the mini-grant funding. The form should be completed again **AFTER** the safety seats have been installed or distributed.

Observer(s): _____ Tribe: _____ Community: _____

Location: _____ Date: _____ Time: _____ to _____

Check one: Observation **Before** Installing Seats Observation **After** Installing Seats

| Observation/Car Number | # of Children Age 0-6 in Safety Seat: | # of Children Age 0-6 NOT in Safety Seat: | Unable to Observe: | Notes: |
|------------------------|---------------------------------------|---|--------------------------|--------|
| 1 | | | <input type="checkbox"/> | |
| 2 | | | <input type="checkbox"/> | |
| 3 | | | <input type="checkbox"/> | |
| 4 | | | <input type="checkbox"/> | |
| 5 | | | <input type="checkbox"/> | |
| 6 | | | <input type="checkbox"/> | |
| 7 | | | <input type="checkbox"/> | |
| 8 | | | <input type="checkbox"/> | |
| 9 | | | <input type="checkbox"/> | |
| 10 | | | <input type="checkbox"/> | |
| 11 | | | <input type="checkbox"/> | |
| 12 | | | <input type="checkbox"/> | |
| 13 | | | <input type="checkbox"/> | |
| 14 | | | <input type="checkbox"/> | |
| 15 | | | <input type="checkbox"/> | |
| 16 | | | <input type="checkbox"/> | |
| 17 | | | <input type="checkbox"/> | |
| 18 | | | <input type="checkbox"/> | |
| 19 | | | <input type="checkbox"/> | |
| 20 | | | <input type="checkbox"/> | |
| 21 | | | <input type="checkbox"/> | |
| 22 | | | <input type="checkbox"/> | |
| 23 | | | <input type="checkbox"/> | |
| 24 | | | <input type="checkbox"/> | |
| 25 | | | <input type="checkbox"/> | |

Form adapted from the California Office of Traffic Safety



**Attachment 7: California Area Indian Health Service
Division of Environmental Health Services
Contact List**

| Redding District Office | |
|--|---|
| <p>LCDR Molly Madson District Environmental Health Officer PH: 530-246-5339 x302 Email: molly.madson@ihs.gov</p> | <p>Greenville, Hoopa Valley, Karuk, Modoc (Alturas, Cedarville Ranch), Pit River, Quartz Valley, Redding Rancheria, Rolling Hills (Paskenta), Susanville, Warner Mountain (Fort Bidwell)</p> |
| <p>Arcata Field Office: Aaron Alexander Field Environmental Health Officer PH: 707-822-1688 Email: aaron.alexander@ihs.gov</p> | <p>UIHS-Tsurai (Blue Lake, Big Lagoon, Cher-ae Heights (<i>Trinidad</i>), Elk Valley, Resighini Rancheria, Tolowa Dee-ni' (<i>Smith River</i>), Yurok Tribe of Hoopa Valley, Rohnerville (<i>Bear River</i>), Wiyot Tribe (<i>Table Bluff</i>))</p> |
| Sacramento District Office | |
| <p>Sandra Mastandrea District Environmental Health Officer PH: 916-930-3981 x338 Email: sandra.mastandrea@ihs.gov</p> | <p>Feather River (Berry Creek, Enterprise, Mooretown), Chapa De (Auburn), Colusa (Cachil Dehe Band); Northern Valley (Chico (<i>Mechoopda</i>), Cortina, Grindstone, Yocha Dehe Wintun (<i>Rumsey</i>)), Shingle Springs, Wilton Rancheria (NG)</p> |
| <p>Clovis Field Office: Alyssa Bernido Field Environmental Health Officer PH: 559-322-7488 x306 Email: alyssa.bernido@ihs.gov</p> | <p>Cabazon, Central Valley (Big Sandy, Cold Springs, North Fork, Picayune, Santa Rosa Community), MACT (Buena Vista, Chicken Ranch, Lone Band, Jackson, Sheep Ranch (<i>California Valley Miwok</i>)), Santa Ynez, Table Mountain Rancheria, Tule River, Tuolumne, Tejon (NG)</p> |
| <p>Ukiah Field Office: LCDR Tim Shelhamer Field Environmental Health Officer PH: 707-462 5314 Email: tim.shelhamer@ihs.gov</p> | <p>Consolidated Tribal Health (Cahto (<i>Laytonville</i>), Coyote Valley, Guidiville, Hopland, Pinoleville, Potter Valley, Redwood Valley, Sherwood Valley) Lake County (Big Valley, Elem, Middletown, Robinson, Scotts Valley, Upper Lake (<i>Habematolel</i>)), Round Valley (Covelo), Sonoma County Health (Cloverdale, Dry Creek, Kashia Band (<i>Stewarts Point</i>), Graton, Lytton, Manchester Point), <i>Koi Nation</i>(NG)</p> |
| Escondido District Office | |
| <p>CAPT Brian Lewelling District Environmental Health Officer PH: 760-735-6891 Email: brian.lewelling@ihs.gov</p> | <p>Indian Health Council (Inaja (<i>Cosmit</i>), La Jolla, Los Coyotes, Mesa Grande, Pala, Pauma (&Yuima), Rincon, San Pasqual, Santa Ysabel), Southern Indian Health Council (Barona, Campo, Capitan Grande, Cuyapaipa, Jamul, La Posta, Manzanita, Viejas), Sycuan</p> |