

CHILD PASSENGER PROTECTION PROGRAM

FACILITY NAME: _____

Reporting Period:

October 1, 2014 through September 30, 2015

INSTRUCTIONS: Please complete and submit to the Sarah Snyder by January 15, 2016

1. _____ Estimated number of American Indian children born **per year** in your service population.
2. _____ Amount of funding received for car seats from CA IHS in FY 2015. Our records indicate that _____ was sent to your program from the CA IHS.
3. _____ Number of seats purchased during this period.
4. _____ Total expenses for seats purchased during this period. **Please attach a copy of your receipt(s).**
5. _____ Number of seats distributed during this period. **Please attach a list of recipients.**
6. _____ Total amount of money collected for seats that were **sold**.
7. _____ **Number of seats needed for next year for your Indian service population.**
8. Briefly describe your efforts to evaluate the success of this program (e.g. observational surveys, patient feedback surveys, etc.). **To obtain credit, please attach evaluation results.**

9. Please describe any injuries that were prevented because of the use of a child safety seat, provided by the Tribal Health Program.

