COMMUNITY APPROACH TO CARS +RIDE SAFE+

COMMUNITY APPROACH TO RIDE SAFE (CARS)

PROGRAM GUIDE

INDIAN HEALTH SERVICE · PHS · 1955 ·

DEAR CARS COORDINATOR:

On behalf of the Phoenix Area Indian Health Service (IHS) Injury Prevention Program, I am pleased to present the Community Approach to Ride Safe [CARS] Guide. The goal of the CARS Program is to reduce motor vehicle crash-related injuries among American Indian and Alaska Native (AI/AN) children in Tribal communities by promoting motor vehicle child safety seat use. This guide provides you with tools to address the issue of low child restraint usage. According to Centers for Disease Control and Prevention (CDC), distribution and education programs along child restraint laws are recommended to make a positive impact on these types of injuries. Contact Phoenix Area Injury Prevention Program with any questions or concerns:

Phoenix Area Injury Prevention Program
Robert.Morones@ihs.gov
602-364-5130

Due to the affects of the COVID-19 pandemic, we strongly encourage adhering to Centers for Disease Control and Prevention (CDC) guidance by exercising physical distancing and the use of personal protective equipment such as facial covering.

Once again, I would like to express my appreciation for your commitment and passion towards reducing motor vehicle crash injuries among AI/AN children by promoting child safety seat use in your community. Best wishes to the success of your CARS Program.

Respectfully,

CDR ROB MORONES, MPH, RS/REHS
Injury Prevention Program Manager
Phoenix Area Indian Health Service

COMMUNITY APPROACH TO RIDE SAFE (CARS)

CURRICULUM PROGRAM GUIDE

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TECHNICAL REVIEW, UPDATES AND SUPPORT PROVIDED BY
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35%

IN 2018, 35% OF CHILD FATALITIES IN CAR CRASHES WERE **UNRESTRAINED**[1]

325

In 2017, an estimated 325 children under 5 were **saved by car seats**[1]

AI/AN car seat use rates are MUCH LOWER than that of other racial groups.[2]

IN THE UNITED STATES, MOTOR VEHICLE CRASHES ARE A LEADING CAUSE OF DEATH AMONG CHILDREN.[1]

71-82%

CAR SEAT USE REDUCES THE RISK FOR INJURY in a crash by 71-82% for children, when compared with seat belt use alone.[3]

45%

BOOSTER SEAT USE REDUCES THE RISK FOR SERIOUS INJURY by 45% for children aged 4-8, when compared with seat belt use alone.[3]

[1]Centers for Disease Control and Prevention's Web-based Injury Statistics Query and Reporting System.
[2]National Highway Traffic Safety Administration. Bureau of Indian Affairs Indian Highway Safety Program. Final Report – 2016 Safety Belt Use Estimate for the Indian Nations.
[3]Centers for Disease Control and Prevention Child Passenger Safety website. https://www.cdc.gov/injury/features/child-passenger-safety/index.html

CARS PROGRAM

INTRODUCTION

Welcome to the Community Approach to Ride Safe (CARS) Program! The CARS program was developed by Phoenix Area Indian Health Service (IHS) to assist communities in addressing motor vehicle related injuries among American Indian and Alaskan Native (AI/AN) children. The intent of the CARS program is to reduce the rate of motor vehicle-related injuries to children, in tribal communities, by promoting car seat and booster seat use. The program was developed from the previous IHS Ride Safe program.

*Due to the COVID-19 pandemic, special precautions should be taken to reduce the spread of the virus. Additionally, the Social Distancing Protocol has been included to promote safe distribution of child passenger safety seats (Appendix F).

BACKGROUND

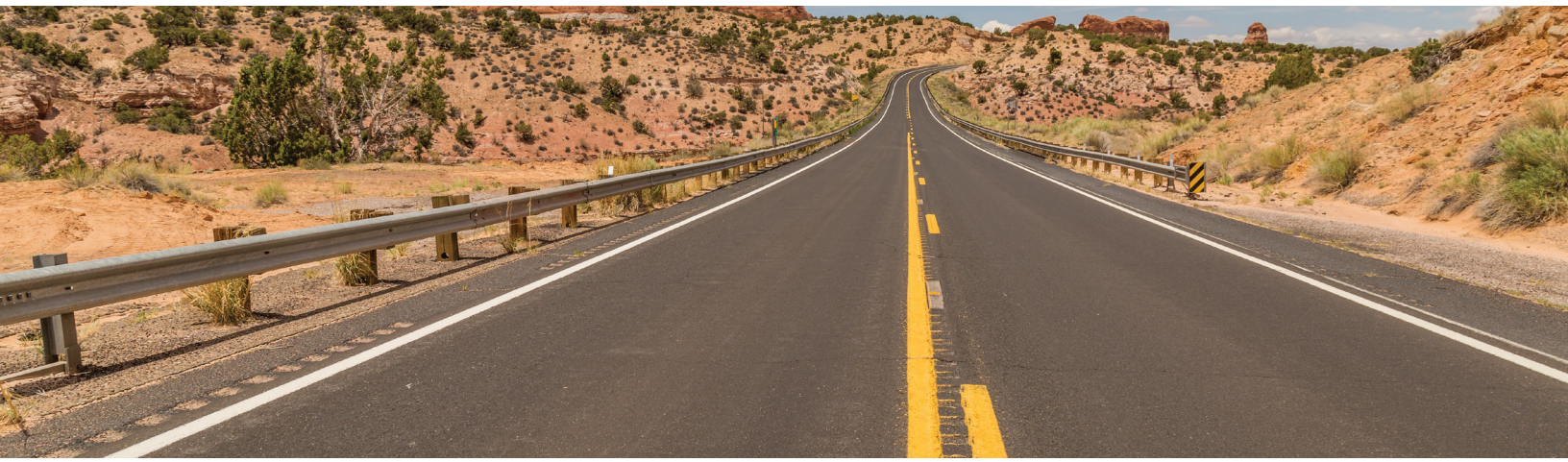
In 2017, motor vehicle crashes (MVCs) were the leading cause of death for AI/AN ages 5-24[1]. Tragically, MVC injuries and deaths disproportionately affect the youngest members of the community and their families. These losses are even more tragic because the majority of MVC injuries and deaths could be prevented through the proper use of a car seat, booster seat, or seatbelt. Appropriate use of occupant restraints when transporting children in motor vehicles reduces their risk of severe injury or death by 54%[2] . Unfortunately, ongoing observational surveys in AI/AN communities suggest that seatbelt and car seat and booster seat usage rates in many tribal communities are still very low. The goal of the CARS Program is to reduce motor vehicle crash-related injuries among American Indian and Alaska Native (AI/AN) children in Tribal communities by promoting motor vehicle child safety seat use.

The CARS Program works to achieve its overall goal of assisting coordinators to:

A. Educate AI/AN communities on child passenger safety (CPS)
B. Distribute appropriate car seat and booster seats; and
C. Evaluate program implementation

The following guide will instruct CARS Coordinators on how to implement and evaluate the CARS program. The CARS Coordinators' Guide provides more in-depth guidance on the role and activities related to implementation.

1 National Center for Injury Prevention and Control, Centers for Disease Control and Prevention National Center for Health Statistics (NCHS), National Vital Statistics System
2 Children Traffic Safety Facts: 2016 Data at https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812491



CARS PROGRAM OVERVIEW

The CARS Program was developed to address motor vehicle crash-related injuries for children enrolled in the daycares, Head Starts and elementary schools. CARS Coordinators will need to review the Coordinators' Guide to identify examples to assist with completing the objectives. The recommendation to ensure success in accomplishing the objectives include the following:

Objective 1: Identify at least one tribal community partner to attend NHTSA Child passenger safety (CPS) technician course.

a. The CARS Coordinator and key partners should consider taking the NHTSA National Child Passenger Safety certification course. Information for upcoming courses can be found on the National Child Passenger Safety certification website: https://cert.safekids.org/

Objective 2: Educate caregivers on proper age-appropriate car seat and booster seat use.

a. The education of caregivers can be accomplished using a variety of approaches:
    i. Large-scale distribution events (i.e. check-up events) or
    ii. School-based events (i.e. orientation, health screenings, educational events in the community, or parent meetings).

    *Ideally, education should include an instructional session and a hands-on training session. See Appendix A: CARS Coordinators Guide for training options.

b. Due to the COVID-19 pandemic, **it is not recommended** to conduct large-scale distribution events at this time. Individualized trainings (face-to-face or remote education) is the preferred method of distribution during this pandemic. See Appendix F: Social Distancing Protocol

Objective 3: Distribute car seats and booster seats to caregivers for each child at a community participating in the CARS Program.

a. Distribution of car seats and booster seats should be done during events or training sessions within the community where caregivers will be in attendance.

b. Coordinators need to:
    i. Conduct training sessions for the education of caregivers/guardians through appointments and walk-ups or
    ii. Combine car seat and booster seat distribution events with an already established community event.

    *Ideally, the child receiving the car seat and booster seat should be present to properly fit them with the seat. Your local Environmental Health Officer/Specialist and/or Injury Prevention Coordinator may be able to assist your site with distributing car seat and booster seats, as well as assist you in crafting the training sessions.

Objective 4: Gather car seat and booster seat use data at the site of implementation at the beginning of program year and as needed to assess impact of program.

a. Car seat and booster seat observations should be conducted. *(See appendix B: Phoenix Area Observational Protocol as a sample)*

    i. Coordinators should identify locations and times in the community with increased traffic of caregivers transporting children to conduct observations.

Objective 5: Promote community awareness on how to lessen the severity of motor vehicle crash injuries through car seat and booster seat use.

a. Creation of marketing materials to promote community awareness of the severity of motor vehicle related injuries. Distribute in participating communities through newsletter articles, posters, public service announcements and/or social media platforms.

b. Establish a coalition with local law enforcement and other community programs to discuss creation and/or enforcement of child passenger safety laws.

CARS PROGRAM ROLES

CARS PROGRAM COORDINATOR ROLE

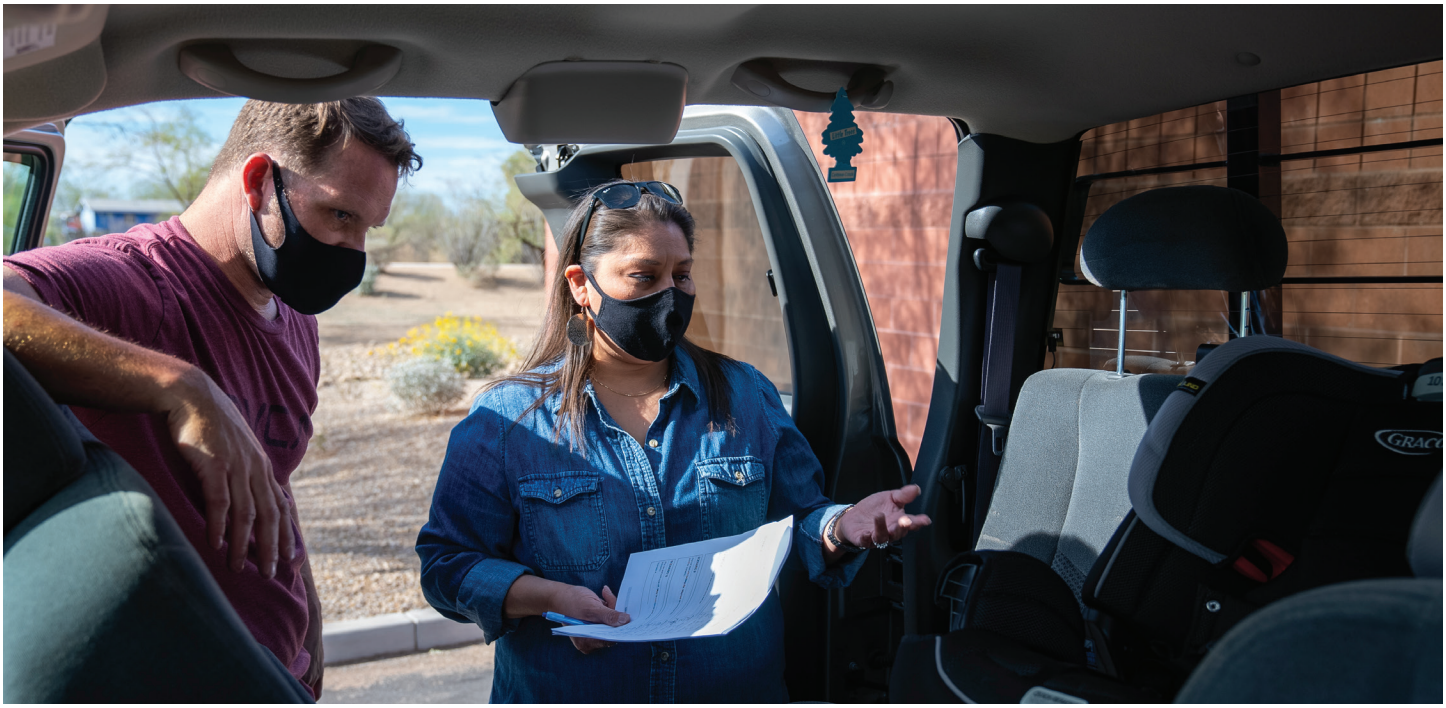
CARS Coordinators are individuals within the community who oversees implementation and operation of the program. They are encouraged to work with their community schools (e.g., head starts, daycares, elementary), Administrator/Director, Lead Teacher(s), program support staff (e.g., Environmental Health Specialist) (EHS), Injury Prevention Coordinator (IP) etc.) to develop and implement activities to meet program goals. The Coordinator's involvement is vital to the success of this program.

Coordinators are commonly responsible for:

- Distributing car seats and booster seats
- Reporting the progress of the CARS program to stakeholders
- Developing the educational activities to increase awareness of the program
- Provide basic car seat and booster seat education to caregivers
    - Provide written educational materials (handouts) to caregivers
    - Provide hands-on skills training of caregivers
    - Ensure that all participating CARS volunteer staff that participate in CARS activities can demonstrate proper installation of the car seat and booster seat(s) provided by the CARS Program
- Establishing a child passenger safety coalition *if applicable*

Tips for car seat distribution:

- Must have age appropriate car/boosters seats for distribution
- Education must be provided before distribution of car seat/booster seats
- Caregivers should be the final installer of the car/boosters seats



CARS PROGRAM PARTNERSHIP ROLE

Building a team of community partners is essential to a successful program. CARS Coordinators should identify stakeholders in the community that work with the target age of this program. CARS partners can consist of child passenger safety technicians, schoolteacher, Community Health Representatives, public health nurses and other community program staff. Their role is to assist CARS Program Coordinators in implementing the CARS Program. Partners can assist ensuring implementation as planned.

ROLES & RESPONSIBILITIES OF CARS PARTNERS:

- Prepare for the implementation of CARS.
  - Maintain and monitor program activities during the CARS involvement period. This includes providing technical and administrative assistance as needed to the CARS Coordinator in implementing the program.
- Become involved with CARS program activities.
- Complete evaluation related CARS program activities. This includes assisting sites to collect, analyze, input, and report program activity data.
- Become an additional resource within the community.

CARS PROGRAM ACTIVITIES & REPORTING

CARS PROGRAM ACTIVITIES

It is recommended that CARS Coordinators schedule at least one CPS activity bi-monthly to keep child passenger safety as a priority initiative throughout the community. See Appendix D for a list of sample activities.

These activities can be part of a community program in partnership with another group or agency. Many of these activities will allow collaboration with other groups and organizations (Tribal Police, Emergency Medical Services, Health Center and local businesses) during the school year. Activities may also be planned to take advantage of national and state observances of occupant protection (National Occupant Protection Week, CPS week, etc).

CARS PROGRAM REPORTING

Routine evaluation of your CARS program is crucial for accurately reporting its effectiveness for program justification and funding. Coordinators should identify activities to be conducted throughout the year and identify variables to report. Progress Report template forms and instructions are in the Appendix C Reporting Template.

APPENDIX A

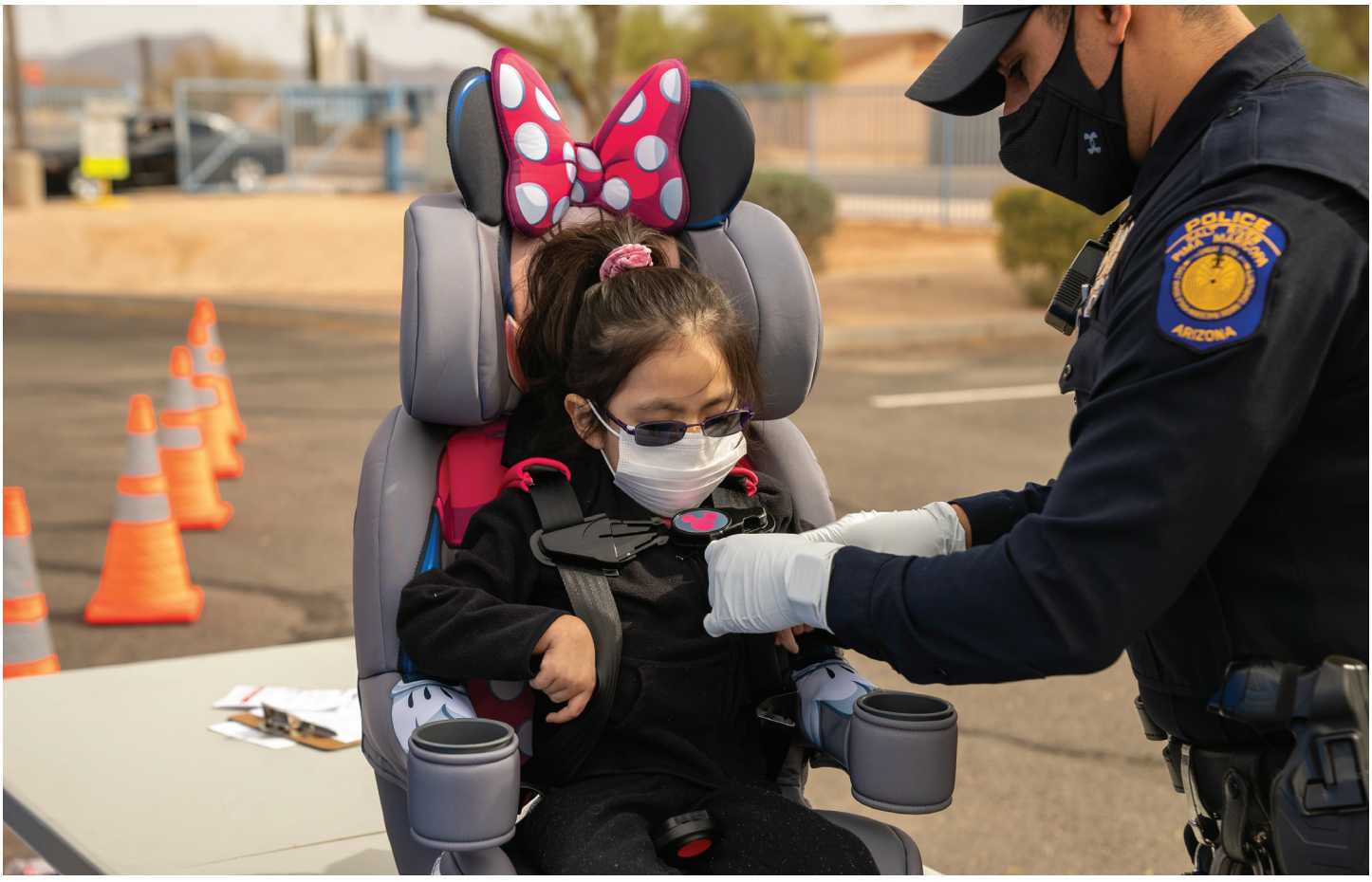
CARS COORDINATOR TRAINING OPTIONS

The goal of the CARS program is to ensure caregivers/guardians are provided the knowledge and tools they need to properly secure their children in an appropriate child safety seat. The following are different training options the CARS Coordinator can use to educate caregivers/guardians of the importance of using the appropriate child safety seat as well as distributing child safety seats in the community. Contact your local CPS technician partner for any access to the training materials below.

ON-LINE TRAINING RESOURCES:

The following child passenger safety training links can provide you with other resources to use when conducting training:

- **Children's Hospital of Philadelphia: Car Seat and Child passenger safety Videos**
  https://www.chop.edu/health-resources/car-seat-and-child-passenger-safety-videos
- **Safe Kids Worldwide**
  https://www.safekids.org/search?search_api_views_fulltext=car+seat&=Apply
- **Safety Belt Safe U.S.A**
  https://www.CARSeat.org/
- **NHTSA car seat overview**
  https://www.nhtsa.gov/equipment/car-seats-and-booster-seats



CUSTOMIZED EDUCATIONAL TRAINING SESSIONS

PURPOSE

Customized educational sessions are training sessions CARS Coordinators develop to accommodate their particular audience. Trainings range from large group sessions lasting multiple hours to individualized sessions lasting no longer than one hour. These trainings are inherently different because each Coordinator and the community they work for is different.

OUTCOME

Training sessions are scheduled and advertised in the community for members to attend. These trainings have a specific location, time, and date. The customer training options are effective because it allows Coordinators to educate a group of caregivers/guardians or provide one on one training and distribute child safety seats. Trainings are accomplished through appointments, curbside checks or classroom style setting. Caregivers leave these sessions with 1) a car seat or booster seat, 2) an understanding of how to install the restraint, and 3) an understanding of car seats and booster seat ordinance/law in their communities (if applicable).

APPOINTMENT TRAINING: Session that a caregiver schedules a time when they will be available to meet with the Coordinator.

CURBSIDE CHECK TRAINING: Scheduled sessions at the curbside of a school (i.e. Head Start, Daycare Center) or community building.

CLASSROOM STYLE TRAINING: Larger session that involves multiple caregivers/guardians gathered at a location during a scheduled time with Coordinator (i.e. SNAP)

SAFE NATIVE AMERICAN PASSENGERS (SNAP) TRAINING

The SNAP Training was developed by the Indian Health Service Injury Prevention Program to encourage safe transportation for AI/AN children in tribal communities. The SNAP training is based on the National Child Passenger Safety Training Program curriculum which was developed by NHTSA and partners. Additional information specific to issues and considerations unique to AI/AN communities was incorporated in the SNAP curriculum. The SNAP training can be taught in 6-8 hours with additional information on addressing issues unique to AI/AN communities. Coordinators interested in using the SNAP module must be CPS technicians and can access using the following link: https://www.ihs.gov/injuryprevention/training/snap/

*Due to COVID-19 pandemic, large group training sessions are not recommended at this time. Trainings should be in accordance to Center for Disease Control and Prevention (CDC) guidance.

WHO CAN TEACH?

A certified child passenger safety (CPS) Technician must be the individual conducting these trainings. Additional technicians can assist in conducting trainings and providing additional support. There should be one instructor for every two caregivers attending the session.

HOW TO TEACH

An effective training session has two (2) components: the instructional session and the hands-on session.

THE INSTRUCTIONAL SESSION: During this time coordinators provide an overview of the importance of car seat and booster seats and the impact they have on saving children's lives during motor vehicle-related crashes. This is accomplished through a pre-test, followed by a showing of Simple Steps to Child Passenger Safety video or presenting the child passenger safety PowerPoint, and then finishing with a review and a post-test. A review of community child safety seat ordinance/law (if applicable) is discussed during this session.

RECOMMENDED INSTRUCTIONAL SESSION MATERIALS INCLUDE:

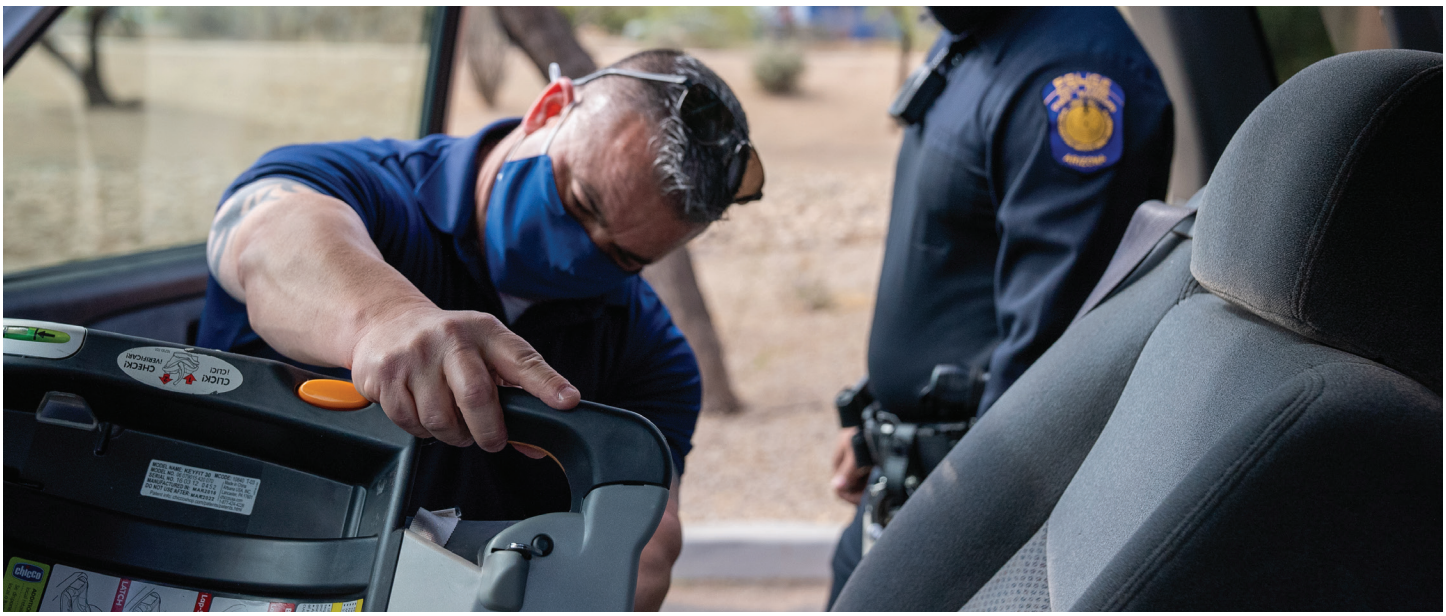
- On-line training resources
- Pre/Post test questions (see Appendix E)
- Handouts: Community Child safety seat Ordinance (if applicable)

THE HANDS-ON SESSION: During the hands-on session, coordinators provide an overview of the car seat and booster seats being distributed. Coordinators are encouraged to re-emphasize items reviewed in the video as well during this session. Car seats and booster seats are presented to caregivers and given an opportunity to explore all components. If a vehicle demonstration chair is available, the Coordinator should demonstrate how to install the child safety seat both rear-facing and forward facing. Hands-on sessions culminates in caregivers installing the child safety seats provided in their vehicle for their child with coordinators providing guidance and assistance as needed.

RECOMMENDED HANDS-ON SESSION MATERIALS INCLUDE:

- Child safety seats to-be distributed
- Demonstration chair (if available)

Note: For larger group training sessions, the needs of the participants are different. Some caregivers may be looking for rear-facing child safety seats and how to install while others may need assistance with forward-facing child safety seats. Providing information on all child safety seat systems is vital when instructing large group training sessions. Equally important is the need for caregivers to have the vehicle used for transporting and the child present at the seat check to ensure a proper fit for the child.



CHECK-UP EVENT AND CHECKPOINT

PURPOSE

CARS Coordinator can distribute child safety seats using events such as check-up events and checkpoint events. These events don't allow for ample time for education of caregivers. The timeframe for these options is two to four hours and require more planning and collaboration with other community partners. Check-up events are advertised in the community to raise awareness. In contrast, checkpoint events require enhanced planning and require law enforcement presence. A successful event requires knowledge of the community and its available resources. These events do not allow for ample time for education of caregivers.

WHO PARTICIPATES?

The event depends on the goal of the planning team. For enforcement of a community ordinance, a checkpoint event is recommended; for proper community-wide child safety seat installation checks, a check-up event is ideal. The coordinator serves as the lead organizer on the planning team. The planning team should consist of local law enforcement, tribal programs that provides the community with child safety seats, and tribal programs that are in contact with children and their caregivers.

HOW TO CONDUCT AN EVENT?

Check-up events are conducted in a parking lot or other controllable site out of the flow of traffic. The lot is roped or taped off to create a contained "safe area" and provided with signage identifying the event. The event coordinator must assign an individual to be responsible for ensuring the event flow and the safety of all involved. Child safety seat check-up teams must also be created, at minimum, consisting of a CPS technician and one scribe. If available, a Senior CPS Technician or Instructor should verify correct installation prior to vehicle leaving event.

Checkpoint events are an option for community Law Enforcement Officials (LEO) to enforce restraint-related laws. These events are conducted at the discretion of the Law Enforcement Officials, with input from Coordinators. Checkpoint events are conducted on a stretch of road highly traveled for maximum impact. During these events, local Law Enforcement Officials are stationed on either side of the roadway stopping vehicles to check if children are properly secured in child safety seats. The role of the Coordinator is to provide child safety seats to caregivers/ guardians that are stopped for not having a child properly restrained. The more CPS Technicians the more efficient this event will be.

CHECK-UP AND CHECKPOINTS EVENT MATERIALS INCLUDE:

- Barricades
- Tape/rope/cones (check-up area)
- Signage (Enter, Exit, Check area)
- Check-up forms
- Clipboards
- Child safety seats
- Traffic vests
- Trash cans
- Tables
- Bottled water
- Child passenger safety education materials
- Pens/pencils
- Cones
- Hand sanitizers, disposable gloves, face coverings

Note: Caregivers should be the final person to demonstrate correct installation of child safety seat and to secure the child.

APPENDIX B

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
INDIAN HEALTH SERVICE
PHOENIX AREA OFFICE

OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

PHOENIX AREA OBSERVATIONAL VEHICLE CHILD SAFETY RESTRAINT USAGE SURVEY PROTOCOL (2021)

PURPOSE

To provide guidance to assist the Phoenix Area Division of Environmental Health Services (DEHS) staff, and local tribal community partners with protocols in conducting child safety restraint use in a community (i.e., use of child passenger safety seats, and booster seats).

APPLICABILITY AND SCOPE

This protocol applies to all Phoenix Area DEHS staff and any tribal community partners seeking to quantify child safety restraint usage rates in their community.

PROCEDURES

The following procedures describes generalized information on how to conduct child safety restraint use surveys. The procedures are divided into two (2) phases: pre-observation and observation.

PRE-OBSERVATION PHASE

1. SELECTION OF OBSERVATION LOCATION

Site selection is an important part of conducting child safety restraint use surveys. Standardizing site selection provides consistency and uniformity of data collected, while also allowing programs to confidently compare usage rates over time.

In some communities, observing child safety restraint usage presents many challenges (e.g., identifying suitable locations, tinted vehicle windows). In order to navigate through some of these challenges and encourage partnerships, those tasked with performing observations are encouraged to work with other program staff (e.g., Head Start and childcare program directors, tribal health department personnel, tribal police and tribal injury prevention coordinators) to identify and choose appropriate observation locations. The more observation sites are selected and incorporated into the surveillance process, the more accurate the usage picture in the community.

Remember: The goal of site selection is to locate potential sites where caregivers are transporting children.

Below are examples of possible observation sites:

- Tribal school locations (this is the best location if caregivers are picking up and dropping off children)
- Community locations (where likely, if possible, to see Tribal children):
  - Local convenience store parking lot
  - Local restaurant parking lot
  - Local Post Office
  - Health center
- Community special events (i.e., Gatherings and/or Holidays)
- Community enforcement event (i.e., seatbelt use or DUI checkpoints)

2. OBSERVATION TIME

Observation time should be dependent on the location selected. It is important to conduct observations during hours when caregivers are most likely to transport children to and away from the selected site.

Remember: Observations that take place in the morning hours (e.g., 7:00 – 8:00 am) are more likely to yield greater number of children traveling in vehicles with caregivers/guardians as opposed to late afternoon or evening observations where children are likely already at home. Work with other program staff to determine the most ideal observation times.

OBSERVATION PHASE

The purpose of child safety restraint usage observations is not to determine if the restraints are being used correctly, but rather, to document the use of child safety seats. Therefore, it is not required for observers to stop vehicles to observe if child safety restraints are being properly used. (**Observing the proper usage and installation of child safety seats is done exclusively during child safety seat check-up and/or distribution events.)

1. OBSERVATION FREQUENCY

The observation frequency is dependent on sample size of children in the community that could benefit from the use of child safety restraints when traveling. To determine the exact number of child safety seat safety observations needed to accurately describe the community, we highly recommend conducting as many observations within a consistent frequency as possible. The more observations you can collect, the more representative the data will best describe the community.

Example: Conduct one (1) observation at a selected site per quarter

2. LENGTH OF OBSERVATION

The length of observations will be based on time, rather than the number of children observed. The length of observation at the selected site should be conduct not to exceed 60 minutes (1 hour). It is important to end the observation after 60 minutes to ensure consistency and uniformity.

Due to the remoteness of some of the observation sites, it may not be possible to observe many children within the given time frame. At any given observation site, if only a few children are observed, it may be worthwhile to conduct additional observations at other selected sites rather than extending the 60-minute time period.

Remember: Conducting observations at multiple locations will increase the total number of child safety seat usage observations collected.

3. OBSERVATIONAL POSITION

To obtain a valid, unbiased observation of child safety restraint use at selected sites, observers should strive to remain inconspicuous (i.e., not easily seen or noticed) in order to avoid biasing (altering) the survey results.

While observing, if you encounter vehicles that are hard to observe children getting in and out of vehicle (e.g., high profile trucks, CARS with very dark tinted windows), it is best not to guess if the child safety restraint is used. Only record observations that you can observe children in child safety seats. School buses and other similar types of vehicles used to transport many occupants should be excluded from observations.

Remember: Stay at a safe observation location to be able to observe children getting in and out of vehicles.

4. OBSERVATION CHILD SAFETY RESTRAINT USAGE SURVEY FORM

The attached survey form is a documentation of the observations of each child observed. It is not a recording of the number of CARS seen, but rather, the use or non-use of child safety restraint for each child observed. It is not uncommon to see a larger number of children than the number of CARS.

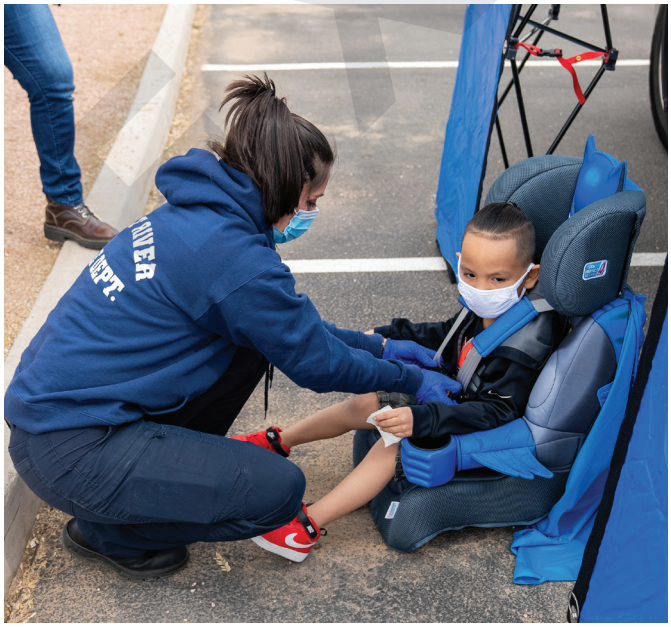
When using the form, it is important to record each child separately in the appropriate row. Additional information that must be captured on the form are:

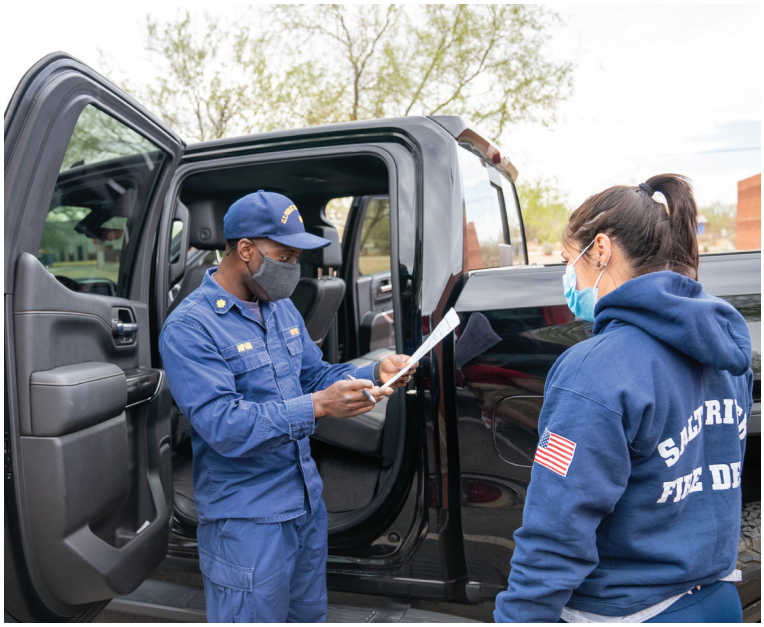
1. OBSERVATION DATE
2. OBSERVATION START TIME
3. OBSERVATION END TIME
4. TRIBAL COMMUNITY
5. OBSERVATION LOCATION (PROVIDE COMPLETE ADDRESS)*
6. GIS DATA (LONGITUDE AND LATITUDE) IF AVAILABLE*
7. OBSERVER(S) NAME

Extra spaces are provided on the survey form to document comments of unique characteristics for each observation that is worth notating.

Example: A child is in a child safety seat but the seat is in an inappropriate location in the vehicle.

***Remember:** Indicating the Observation Location and GIS data point allows follow-up observations to be conducted at same the location.





5. EQUIPMENT

Items needed during an observation include:

☐Survey form ☐Clip board ☐Pen or pencil ☐Watch/clock

6. SAFETY PRECAUTIONS

Safety of staff and community members is always the priority while conducting observational surveys. The following safety recommendation should be adhered to when conducting observations:

- Alert your supervisor, peers and key community partners of the date and time of observations
  - Sometimes it may be best to inform the local police department of times and location of observation
  - If you are conducting an observation at a school, consider informing school leadership as well
- Be aware of the local weather forecast for the day and time you're scheduled to conduct your observation (e.g., rainy days will reduce your visibility)
- Do not conduct observations at night
- Try not to:
  - Get out of your vehicle (unless doing curbside checks)
  - Stand near the road where traffic is flowing
  - Park vehicle too close to the road where traffic is flowing

DATA AND REPORTING

DATA INPUT

After completion of the child safety seat usage observation, the data from the survey should be inputted into the District's observational survey spreadsheet located on the O: Drive. Maintain copies of original survey documents for record purposes.

REPORTING

Child safety seat usage data should be summarized and reported to each Tribal stakeholder annually or other agreed upon schedule time. A template for reporting summary can be provided by your District Injury Prevent Coordinator. Stakeholders may include:

- Chairperson
- Tribal Council
- Police Chief
- Health Director
- Injury Prevention Program/Coalition
- Transportation Program

Child Safety Restraint Use Observational Survey Form

Observation Date:	Start Time:	End Time:		
Community:				
Observation Location:		GIS Data:	Longitude	Latitude
Observer 1:	Observer 2:			

	Child Restrained?		Comments			Child Restrained?		Comments
	Yes	No				Yes	No	
1.					31.			
2.					32.			
3.					33.			
4.					34.			
5.					35.			
6.					36.			
7.					37.			
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19.					49.			
20.					50.			
21.					51.			
22.					52.			
23.					53.			
24.					54.			
25.					55.			
26.					56.			
27.					57.			
28.					58.			
29.					59.			
30.					60.			
TOTAL					**TOTAL**			

APPENDIX C

CARS DATA SUMMARY - REPORTING

This tool can be used for tracking and reporting your data.

Observational Surveys			
		Start	End-Year
Car/Booster Seat Observational Surveys If you conducted more than one survey in the reporting period (that is, if you observed CARS at the same location/time interval more than once), contact the Monitoring Contractor for assistance with reporting your data.	Date started surveys:		
	Date completed surveys:		
	Total number of children counted:		
	Number of children restrained:		
	Number of children with no restraint:		
	Child restraint use (calculated)		

Events			
		Mid-year	End-Year
Restraint Use Curbside/ Check-up events	Number of events in reporting period:		
	Did you use incentives?		
	Total number of new seats installed:		
	Total number of checked seats replaced:		
	Total number of seats checked:		

Distribution			
		Mid-year	End-Year
Individual, Appointment, Large classroom sessions	Number of seats distributed:		
	Number of caregivers/guardians educated:		

Non distribution related educational activities			
		Mid-year	End-Year
Trainings (Presentations at health fairs, schools)	Number of trainings in reporting period:		
	Number of caregivers/care givers participated:		
	Number of individuals reached (estimated):		
Outreach Activities — Media Campaigns (TV, radio, billboards, posters, etc.)	Number of campaigns in reporting period:		
	Number of individuals reached (estimated):		
Other Event(s): (In Notes describe events that do not overlap other activities on this spreadsheet)	Number of events in reporting period:		
	Number of individuals reached (estimated):		
Injury Prevention Coalition	Number of coalition meetings held in reporting period:		
	Number of partners at each meeting (average):		
	Number of Child passenger safety Technicians		

APPENDIX D

EXAMPLE OF ACTIVITIES

The following is a sample of a list of events intended to demonstrate a few of the activities that CARS Coordinators could schedule each month or bi-monthly.

August	September	October
• Child safety seat observations conducted using the Phoenix Area Observational Protocol (see Appendix B)* • Meet with potential CPS Partners to determine how they can assist in the CARS Program • Orientate staff to CARS Program. Send a letter to caregivers and partners announcing program .	• Discuss with your CPS partners hosting a 1-day CPS training (i.e. SNAP) for Head Start and other Tribal programs that work with children • Distribution event: check students for correct child safety seats during Health Screenings or a child safety seat clinic before school starts • Plan marketing campaign activities centered around National Child Passenger Safety Week	• Schedule bus safety activity centered around National School Bus Safety Week • Schedule a Parent education, skills training and seat distribution meeting • Conduct a 1-hour CPS education session for caregivers and interested community members. Distribute seats if necessary
November	**December**	**January - New Year**

• Invite first responders (i.e. Police Department, Fire Department, EMS) to educate/discuss the importance of child passenger safety seats and their role in CPS
• Go to area business to solicit coupons and prizes to give to caregivers that are buckled up and have their children secured
• Conduct CPS egg activity in the classroom
	• Invite first responders (i.e. Police Department, Fire Department, EMS) to educate/discuss the importance of child passenger safety seats and their role in CPS
	• Children could decorate a Christmas tree using personalized paper ornaments in the shape of child safety seats
	• Mid-Year Progress Report Due*
		• Have children and caregivers work on making a safety seat pledge
		  ▪ Parent: (I will always transport my child in a child safety seat)
		  ▪ Student pledge: (I will always stay in my safety seat so I'm safe)
		• Present results of child safety seat observations to caregivers, Health Board, Police Department and Tribal Council

February	**March**	**April**
• Invite first responders (i.e. Police Department, Fire Department, EMS) to educate/discuss the importance of child passenger safety seats and their role in CPS • Conduct a Check-up event in the community with CPS partners • Participate in a community event and distribute coloring materials	• Participate in a community event and distribute coloring materials centered around the Season(s) • Conduct a 1-hour CPS education session for caregivers and interested community members. Distribute seats if necessary	• Have children go through magazines and newspapers and look for people in safety seats and seat belts • Distribute educational materials at parent meetings
May		
• Child safety seat observations conducted using the Phoenix Area Observational Protocol (see Appendix B)* • Final Progress Report due		

ACTIVITIES TEMPLATE

Use this template to record the activities that CARS Coordinators will schedule each month or bi-monthly.

August	September	October
November	**December**	**January - New Year**
February	**March**	**April**
May		

APPENDIX E

CHILD PASSENGER SAFETY QUIZ

1. Some ways in which restraints help prevent injuries during a crash are:

a. Keep the person in the vehicle
b. The seat belt spread crash forces across the strongest part of the body
c. Seat belt reduces neck and spinal cord injuries
d. All of the above

2. Holding a baby tightly in one's arms is as safe as having the baby secured in a car seat and booster seat.

a. True
b. False

3. Match the seat with the appropriate age/weight range

a. Infant	1. seatbelt
b. Toddlers	2. booster
c. Elementary /Middle	3. forward facing car seat
d. Taller than 4 ft 9 inches	4. rear facing car seat

4. An infant in a rear-facing car seat should never be placed in front of an activated air- bag.

a. True
b. False

5. Safety experts recommend that children should remain rear facing until age two

a. True
b. False

6. The shoulder straps for a rear-facing infant seat are correctly position when they are

a. At or above the child's shoulders
b. At or below the child's shoulders

7. The shoulder straps for a forward-facing seat are in the correct position when they are

a. At or above the child's shoulders
b. At or below the child's shoulders

8. In a 5-point harness system the chest clip should be located

a. Across the child's stomach
b. At the child's armpit or nipple line.

9. In a crash, if the straps are too loose the child may

a. Slide out of the child safety seat
b. Move more than they should increasing the risk of neck and spinal injuries
c. Neither
d. Both a and b

10. Top tether should be used with lower anchors or the seat belt to secure a forward-facing car seat.

a. True
b. False

11. **The car seat must be installed with no more than 1-inch movement along the base to avoid serious injuries in a crash.**
    a. True
    b. False

12. **Safety experts recommend that a child should ride in a booster seat until they reach the height of 4'9".**
    a. True
    b. False

13. **Seat belt syndrome is when a child suffers internal injuries to the major organs because the seat belt was riding across the stomach instead of position correctly across the hip bones.**
    a. True
    b. False

14. **Safety experts recommend that all children under what age should sit in the back seat if possible?**
    a. 10
    b. 11
    c. 12
    d. 13

15. **Most child safety seats expire after _____ years?**
    a. 3
    b. 6
    c. 10
    d. Never

16. **When is it appropriate to purchase a child safety seat from a second-hand store?**
    a. Always
    b. When the child safety seat is clean
    c. When the price is right
    d. Never

APPENDIX E

CHILD PASSENGER SAFETY QUIZ - ANSWER KEY

1. Some ways in which restraint help prevent injuries during a crash are:

a. Keep the person in the vehicle
b. The seat belt spread crash forces across the strongest part of the body,
c. Seat belt reduces neck and spinal cord injuries
d. All of the above

2. Holding a baby tightly in one's arms is as safe as having the baby secured in a car seat and booster seat

a. True
b. False

3. Match the seat with the appropriate age/weight range

a.	Infant	1.	seatbelt
b.	Toddlers	2.	booster
c.	Elementary /Middle	3.	forward facing car seat
d.	Taller than 4 ft 9 inches	4.	rear facing car seat

4. An infant in a rear-facing car seat should never be placed in front of an activated air- bag.

a. True
b. False

5. Safety experts recommend that children should remain rear facing until age two

a. True
b. False

6. The shoulder straps for a rear-facing infant seat are correctly position when they are

a. At or above the child's shoulders
b. At or below the child's shoulders

7. The shoulder straps for a forward-facing seat are in the correct position when they are

a. At or above the child's shoulders
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8. In a 5-point harness system the chest clip should be located

a. Across the child's stomach
b. At the child's armpit or nipple line.

9. In a crash, if the straps are too loose the child may

a. Slide out of the child safety seat
b. Move more than they should increasing the risk of neck and spinal injuries
c. Neither
d. Both a and b

10. Top tether should be used with lower anchors or the seat belt to secure a forward-facing car seat.

a. True
b. False

11. The car seat must be installed with no more than 1-inch movement along the base to avoid serious injuries in a crash.

a. True
b. False

12. Safety experts recommend that a child should ride in a booster seat until 4ft 9 inches.

a. True
b. False

13. Seat belt syndrome is when a child suffers internal injuries to the major organs because the seat belt was riding across the stomach instead of position correctly across the hip bones.

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14. Safety experts recommend that all children under what age should sit in the back seat if possible?

a. 10
b. 11
c. 12
d. 13

15. Most child safety seats expire after _____ years?

a. 3
b. 6
c. 10
d. Never

16. When is it appropriate to purchase a child safety seat from a second-hand store?

a. Always
b. When the child safety seat is clean
c. When the price is right
d. Never

APPENDIX F

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
INDIAN HEALTH SERVICE
PHOENIX AREA OFFICE

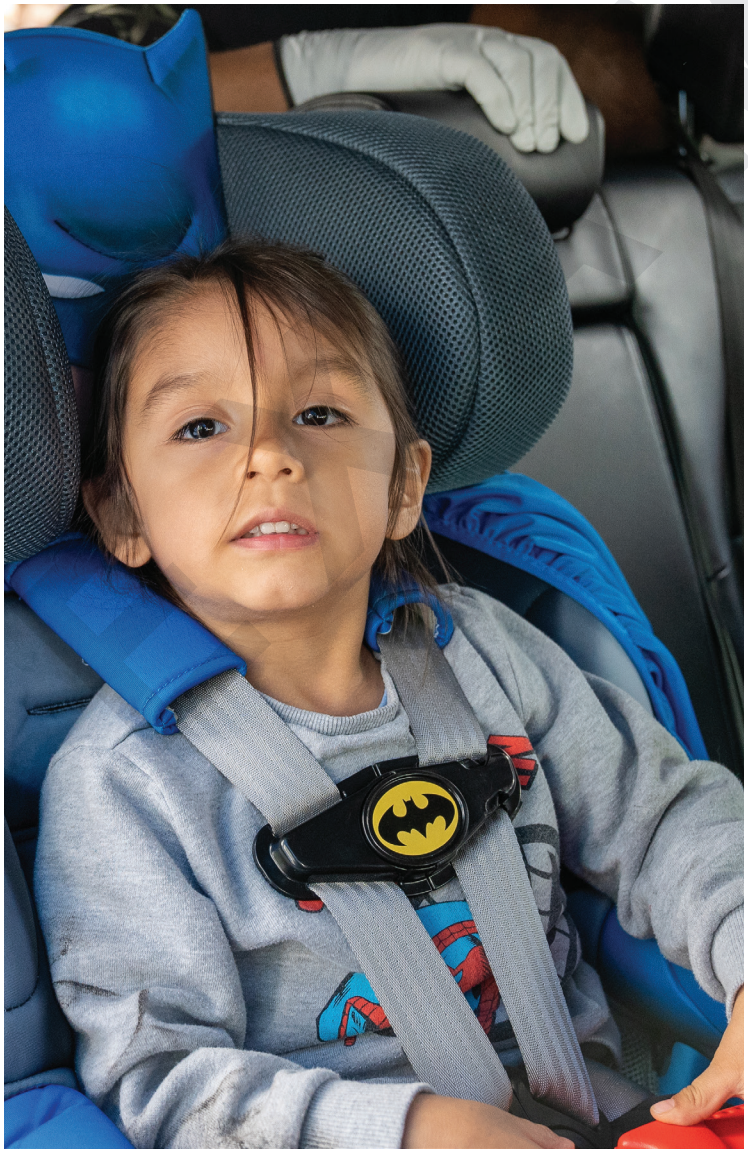
OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

SOCIAL DISTANCING PROTOCOL: CAR SEAT EDUCATION AND DISTRIBUTION

PURPOSE

To provide guidance regarding car seat education for caregivers/guardians while observing social distancing recommendations during installations.

SCOPE



This protocol applies to DEHS staff and tribal programs/ partners that educate and assist with the distribution of car seats in tribal communities. The focus is to describe options to accomplish education and distribution using either remote education or face-to-face education; both training methods should be conducted by Certified Child passenger safety Technicians (CPST).

EDUCATIONAL METHODS

It is understanding there may be instances in some communities to combine both methods to meet the needs of the community. The information below is based on CDC Coronavirus Disease 2019 (COVID- 19) and SafeKids Worldwide COVID- 19 CPS Remote Education Tool kit.

REMOTE EDUCATION

(Ideal option depending on access to virtual resources)

RESOURCES

- Device (i.e. Smartphones, tablets, and computers)
- Application/virtual platforms (i.e. FaceTime, Skype, Zoom, Google Duo, and etc.)
- Car seat (provided by either parent/caregiver or CPS program)

- Visual aids or car seat informational handouts
- Other accessories as needed (i.e. locking clip, LATCH manual, Vehicle Owner's Manual and most recent recall list)
- Demonstration chair/vehicle (optional)

PRIOR TO REMOTE EDUCATION

- Be prepared with handouts and other visual-aid documents (attached)
- Make contact with parent/caregiver via phone or email
    - Schedule an appointment for remote virtual meeting
        - » If car seat is needed, schedule time for distribution and car seat pick- up
- Provide parent/caregiver the SafeKids worksheets to be filled out before meeting
    - Worldwide Family Worksheet (attached)
    - Car Seat Education Consultation form (attached)
- Provide one or more of the following links on car seat education and installation for caregivers/guardians to review:
    - National Highway Traffic Safety Administration's tips on installing car seats: https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#install-instructions
    - The Children's Hospital of Philadelphia's video for rear-facing installation https://www.chop.edu/video/rear-facing-car-seats-babies-safety-tips
    - SafeKids Worldwide educational materials: https://www.safekids.org/tip/installing-your-car-seat
    - Rear-facing video: https://www.youtube.com/watch?v=OPNIs_dzIkc&feature=youtu.be

DURING REMOTE EDUCATION

- Meet with parent/caregiver at agreed schedule
- Review completed family worksheet (attached)
- Answer any questions or concerns
- Review proper installation steps while on the virtual platform (may need car seat handouts and other visual aids to illustrate proper installation):
    - Selection
    - Harness
    - Installation
    - Location
    - Direction

CLOSEOUT

- Discuss
    - Air bag impact on car seats
    - Projectiles
    - Restrained adults
        - » **Parent/caregiver should be last to touch car seat before leaving**

FACE-TO-FACE

SAFETY LIST:

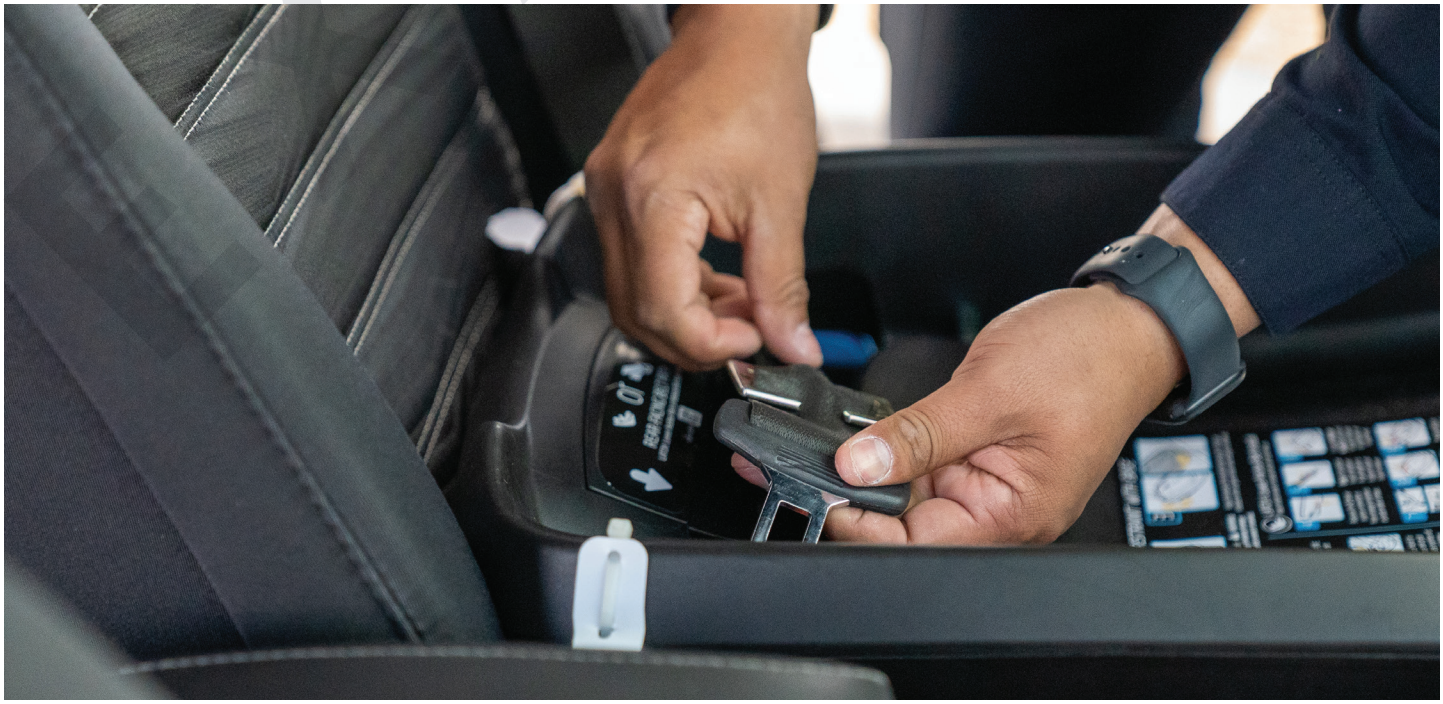
- Face covering (i.e. masks, face shield, etc.)
- Hand sanitizer
- Disposal gloves
- Disinfectant (spray/wipes)

PRECAUTIONS:

- **Avoid touching** your eyes, nose, and mouth with unwashed hands
- **Wash your hands** often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water** are the best option, especially if hands are visibly dirty.
- **Always use** personal protective equipment (PPE) i.e. gloves, face covering
- **Clean and disinfecting** commonly touched surfaces

RESOURCES

- Car seat (provided by either parent/caregiver or CPS program)
- Visual aids or car seat handout documents
- Other accessories as needed (i.e. locking clip, LATCH manual, Vehicle Owner's Manual and most recent Recall List)



- Simple Steps by living legacy video (optional) °
  DVD player (optional)
  - ° TV/Projector (optional)
- Demonstration chair/vehicle (optional)

PRIOR TO FACE-TO-FACE EDUCATION

- Be prepared with handouts and other visual aid documents
- Make contact with parent/caregiver via phone or email
  - ° Schedule an appointment for meeting
    - » If car seat is needed, have it ready during appointment
  - ° Communicate changes regarding education and distribution process to inform families of what to expect during car seat education and installation
- Provide parent/caregiver the SafeKids worksheets to be filled out before meeting
  - ° Worldwide Family Worksheet (attached)
  - ° Car Seat Education Consultation form (attached)
- Make sure social distancing of six feet (6ft) is adhered to at all time
- Recommend parent/caregiver cancel appointment if they or family member has symptoms or tests positive for COVID-19; come in contact with an individual who tested positive with COVID-19

DURING FACE-TO-FACE EDUCATION

- Have PPE available
  - ° May need to provide some parent/caregiver
- Meet with parent/caregiver at agreed schedule
- Review completed family worksheet (attached)
- Answer any questions/concerns
- Complete any applicable car seat installation forms
- Review proper installation steps:
  - » Selection
  - » Harness
  - » Installation
  - » Location
  - » Direction
- Limit contact with parent/caregiver vehicle; however if contact with vehicle is needed, you must remain six feet apart from caregiver/parent while wearing personal protective equipment listed above to meet social distancing guidelines
- Utilize the following process when entering vehicle:
  - ° Recommend caregiver/parent clean and disinfect commonly touched surfaces in the vehicle
    - » Non-porous hard surfaces such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles
    - » Soft porous surfaces such as fabric seats, remove any visible contamination, if present, and clean

with appropriate cleaners indicated for use on these surfaces. After cleaning, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces

- Doors and windows should remain open to provide adequate ventilation

CLOSEOUT

- Discuss
  - Air bag impact on car seats
  - Projectiles
  - Restrained adults
    - **Parent/caregiver should be last to touch car seat before leaving**

AFTER FACE-TO-FACE EDUCATION

- Wash your hands with soap and water for at least 20 seconds. If hand washing capability is not available, use hand sanitizer following product use directions provided by manufacturer.