



Phoenix Area Indian Health Service
Injury Prevention Program

2020-2021

RIDE SAFE PROGRAM GUIDE



IHS **Injury Prevention**



RIDE SAFE PROGRAM

Dear Ride Safe Coordinator:

On behalf of the Phoenix Area Indian Health Service (IHS) Injury Prevention Program, I am pleased to present the 2020-2021 Ride Safe Guide, a curriculum for the 2020-2021 Ride Safe Pilot Project.

The goal of the Ride Safe 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. As a participant, you will receive your requested number of child safety seats, this guide and technical support from the Injury Prevention Program.

The purpose of this program is to identify effective ways to promote child safety seat usage in AI/AN communities. We will be measuring the announcement, application, and implementation process of the program. The information gathered during this project will help shape future Child Passenger Safety activities conducted by our program.

Contact your local District Injury Prevention Coordinator with any questions or concerns:

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Due to the effects 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 Ride Safe Program.

Respectfully,



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RIDE SAFE PROGRAM

INTRODUCTION

Welcome to the Ride Safe Program! The Ride safe program was developed by Indian Health Service (IHS) to assist communities in addressing motor vehicle related injuries among American Indian and Alaskan Native (AI/AN) children. The Phoenix Area Injury Prevention Program is reinstating this program with some modifications to ensure a more streamlined program, while maintaining the original intent of the Ride Safe program which is to reduce the rate of motor vehicle-related injuries to children, in tribal communities, by promoting child safety seat use.

*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 5-24¹. 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 child safety 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 child safety seat usage rates in many tribal communities are still very low.

The Ride Safe Program works to achieve its overall goal through the following key components:

- A. Distribution of a child passenger safety (CPS) curriculum tailored for use in AI/AN communities (which guides the implementation of community education, child safety seat distribution, and evaluation activities);
- B. Provision of child safety seats and funding to obtain CPS Technician certification training;
- C. Distribution/Installation of child safety seats; and
- D. Completion of evaluation activities (e.g., child safety seat use observational surveys).

The objectives of the Ride Safe Program are:

1. Identify at least one tribal community partner to attend the National Highway Traffic Safety Administration (NHTSA) Child Passenger Safety (CPS) technician course.
2. Educate parents and guardians about proper and age-appropriate child safety seat use.
3. Distribute child safety seats to parents and guardians for each eligible child in a community participating in the Ride Safe Program.
4. Gather baseline community child safety seat use data at the beginning and at the end of the project year through child safety seat observational surveys.
5. Promote education awareness on how to reduce the severity of motor vehicle crash injuries through child safety seat use.

The following guide will instruct Ride Safe Coordinators on how to implement and evaluate the Ride Safe program. The Ride Safe 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>

RIDE SAFE GUIDE

RIDE SAFE PROGRAM OVERVIEW

The Ride Safe Program was developed to address motor vehicle crash-related injuries for children enrolled in the daycares, Head Starts and elementary schools. Ride Safe Coordinators will need to review the Coordinators' Guide to identify examples to assist with completing the objectives. The requirements 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 participating tribal community will be asked to support the Ride Safe Coordinator and/or Ride Safe volunteers that are not certified under NHTSA's 32-hour CPS training. Information for upcoming courses can be found on the National Child Passenger Safety Certification website. <https://cert.safekids.org/> .

Objective 2: Educate parents and guardians on proper and age-appropriate child safety seat use.

- a. The education of parents and guardians 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, skills training should follow an educational session. Coordinators should conduct one (1) education of parents/guardians bi-monthly. See *Appendix A: Ride Safe Coordinators Guide* for training options.

- b. Due to 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 child safety seats to parents and guardians for each child at a community participating in the Ride Safe Program.

- a. Distribution of child safety seats should be done during events or training sessions within the community where parents and guardians will be in attendance.
- b. Coordinators need to:
 - i. Conduct training sessions for the education of parents/guardians through appointments and walk-ups or
 - ii. Combine child safety seat distribution events with an already established community event.

*Ideally, the child receiving the child safety 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 child safety seats, as well as assist you in crafting the training sessions.

Objective 4: Gather child safety seat use data at the site of implementation at the beginning of project year and at the end of project year using child safety seat observational surveys. A minimum of two (2) observations are required.

- a. Child safety seat observations should be conducted using the *Phoenix Area Observational Protocol (see Appendix B)*.
 - i. Coordinators should identify locations and times in the community with increased traffic of parents and guardians transporting children in child safety seats to conduct observations.

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

- a. Creation of marketing materials to promote community awareness of the severity of motor vehicle related injuries should be distributed 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.

RIDE SAFE PROGRAM EVALUATIONS

Evaluation of your Ride Safe Program is crucial for showing its effectiveness as well as for continued program funding. Coordinators are responsible for identifying activities to be conducted during the funding year and identifying the variables to report. **Progress Report** template forms and instructions are in the *Appendix C Reporting Template*.

The Ride Safe Coordinator is responsible for submitting the **Program Indicator** information via mid-year and final progress reports via email to LCDR Isaac Ampadu. Ride Safe Support Staff should ensure that these reports are entered by the following due dates:

- Mid-Year: January 31, 2020
- Final: June 30, 2021

RIDE SAFE PROGRAM COORDINATOR ROLE

Ride Safe Coordinators 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 responsible for:

- Providing education to parents/caregivers
- Distributing child safety seats
- Reporting the progress of the ride safe program
- Developing the educational activities to implement the program
 - Provide basic child safety seat education to parents
 - Provide written educational materials (handouts) to parents
 - Provide hands-on skills training of parents and guardians
 - Ensure that all participating Ride Safe volunteer staff that participate in Ride Safe activities can demonstrate proper installation of the child safety seat(s) provided by the Ride Safe Program
- Establishing a child passenger safety coalition
- Hosting a child safety seat training for Ride Safe supporting staff volunteers

RIDE SAFE PROGRAM PARTNERSHIP ROLE

Building a team of community partners is essential to a successful program. Ride Safe Coordinators should seek stakeholders in the community that work with the target age of this program. Ride Safe Support Staff can consist of Child Passenger Safety Technicians, School Teachers, Community Health Representatives, Public Health Nurses and/or other community program staff. Their role is to assist Ride Safe Program Coordinators in implementing the Ride Safe Program. Ride Safe Program Support Staff are responsible for ensuring that the Ride Safe Program is implemented as planned in participating Tribal communities.

Roles & Responsibilities of Ride Safe Support Staff:

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

RIDE SAFE PROGRAM ACTIVITIES

It is recommended that Ride Safe Coordinators schedule at least one CPS activity bi-monthly to keep child passenger safety as a priority initiative throughout the school year. 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 between 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). To find out the exact dates of the national child passenger safety campaigns, go to the NHTSA website: [NHSTA 2019 calendar](#).

APPENDIX A

RIDE SAFE COORDINATOR TRAINING OPTIONS

The goal of the Ride Safe program is to ensure parents/caregivers are provided the knowledge and tools to properly secure their children in an appropriate child safety seat. The following are different training options the Ride Safe Coordinator can use to educate parents/caregivers of the importance of using the appropriate child safety seat as well as distributing child safety seats in their community. Contact your local District Prevention Coordinator for any of the training materials below.

Safe Native American Passengers (SNAP) Training

Purpose

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. SNAP can be taught in 6-8 hours.

Outcome

After successful completion of the course, students will gain: a basic overview of proper use and installation of child safety seats while addressing several issues that are unique to AI/AN communities; an introduction to child passenger safety and the National Child Passenger Safety Technician course. Students will NOT be able to serve as a technical expert, teach SNAP or conduct check-up events without a CPS Technician.

Who can teach?

All instructors for the SNAP course must be current certified Child Passenger Safety (CPS) Technicians and must be prepared to teach through lecture, discussion of current issues, and hands-on practice with both child safety seats and vehicle seat belt systems. The teaching team should include at least two certified CPS Technicians, with one identified as the lead instructor. It is recommended to have no more than five (5) students per instructor (student to instructor ratio is flexible and can be determined by the lead instructor).

How to teach

Coordinators interested in teaching SNAP should contact the Environmental Health Support Center (EHSC) at 505-248-4994 to receive the materials needed to offer a SNAP course. EHSC also has the capability to handle the registration process for certain courses. Complete SNAP materials include:

- Student Handbook
- Power Point modules
- Teacher Planning Guide

Ride Safe Coordinators will need to coordinate with local CPS Technicians and Instructors on additional items for the course (i.e. child safety seats, training dolls, and other training resources).

Customized Educational Training Sessions

Purpose

Customized educational sessions are training sessions Ride Safe Coordinators develop to accommodate their particular audience. Trainings range from large group sessions lasting two (2) hours to individualized sessions lasting no longer than one (1) hour. These trainings are inherently different because each Coordinator and the community they work for is different.

Large group training sessions

Outcome

Large group training sessions are scheduled and advertised trainings made available in the community for members to attend. These trainings have a specific location, time, and date. These training sessions range from one (1) hour to two (2), depending on the size of the group. This training option is effective because it allows Coordinators to educate a group of parents/caregivers and distribute child safety seats. Parents/caregivers leave these sessions with 1) a new child passenger safety restraint, 2) an understanding of how to install the restraint, and 3) an understanding of the of child safety seat safety ordinance/law in their communities.

*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?

Depending on the number of parents/caregivers that attend or sign up for the training, large group training sessions should be taught by a team of Certified Child Passenger Safety (CPS) Technicians. This will avoid long waiting periods for parents/caregivers especially during the hands-on sessions. There should be one instructor for every two (2) parent/caregivers attending the session.

How to teach

An effective large group 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 child safety 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 Phoenix Area 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.

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|--|--|--|---|--|
| <p>Complete instructional session materials include:</p> | <ul style="list-style-type: none"> • Simple Steps to Child Passenger Safety DVD | <ul style="list-style-type: none"> • Pre/Post test questions (see Appendix E) | <ul style="list-style-type: none"> • Handouts: Community Child safety seat Ordinance (if applicable) | <ul style="list-style-type: none"> • Phoenix Area Child Passenger Safety PowerPoint |
|--|--|--|---|--|

The Hands-on session: During the hands-on session, Coordinators provide an overview of the child safety seats being distributed. Coordinators are encouraged to re-emphasize items reviewed in the video as well during this session. The child safety seats are presented to the parents/caregivers and they are 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 parents/caregivers installing the child safety seats provided in their vehicle for their child with Coordinators providing guidance and assistance as needed.

- | | | |
|---|--|--|
| <p>Complete hands-on session materials include:</p> | <ul style="list-style-type: none"> • Child safety seats to-be distributed | <ul style="list-style-type: none"> • Demonstration chair (if available) |
|---|--|--|

Note: During large group training sessions, the needs of the participants are different. Some parents/caregivers maybe looking for rear-facing child safety seat and how to install while others may need assistance with forward-facing child safety seats. Providing information on all child safety seat system is vital when instruction large group training sessions. Equally important is the need for participants to have the vehicle used for transporting their children as well as the child available to check vehicle seat – child safety seat compatibility. It is also recommended to have the child present to check for proper fit.

Individualized training sessionsOutcome

Individualized training sessions are personalized trainings that Coordinators have with parents/caregivers on the installation of specific child safety seats. These trainings are usually short timeframes (less than one (1) hour) and are focused educational sessions on either a seat brought in by the parent/caregiver or one provided by the Coordinator. Individualized training sessions can be accomplished through the following options: 1) Appointments; and 2) Curbside checks.

Who can teach?

All individualized training sessions should be conducted by Certified Child Passenger Safety (CPS) Technicians.

How to teach

Instructing method for individualized training session is dependent on the option being utilized.

Appointment-based individualized training session is one that a parent/caregiver schedules a time they will be available to meet with the Coordinator to receive a child safety seat and education on the proper installation and use. This session follows the format of the large group training session with some exceptions for the instructional session and a hands-on session. The Coordinator will decide how best to effectively communicate the education to the parent/caregiver.

Complete appointment-based training materials include:	<ul style="list-style-type: none"> • Simple Steps to Child Passenger Safety video/DVD • Child safety seats for distribution 	<ul style="list-style-type: none"> • Pre/Post-test questionnaires (see Appendix E) • Demonstration chair (if available) 	<ul style="list-style-type: none"> • Handouts: Community Child safety seat Ordinance (if applicable) • Phoenix Area Child Passenger Safety PowerPoint
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Curbside Check training session is typically scheduled sessions at the curbside of a school (i.e. Head Start, Daycare Center) or community building. The Coordinator, with approval from the facility, provides child safety seat safety education to parents/caregivers during drop-off or pick-up of their children. Curbside checks are also an opportunity to distribute child safety seats to those in need. The more CPS Technicians available for this training, the better. This training allows for the partnership of other programs within the community and allows the Coordinator to be visible to the community as a resource.

Complete curbside check training materials include:	<ul style="list-style-type: none"> • Child safety seats to-be distributed • Traffic cones 	<ul style="list-style-type: none"> • Demonstration chair (if available) 	<ul style="list-style-type: none"> • Handouts: <ul style="list-style-type: none"> ○ Child safety seat safety ○ Community Child safety seat Ordinance (if applicable)
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Check-up event and Checkpoint

Purpose

Ride Safe 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 parents/caregivers. The timeframe for these options is two to four hours and require more planning and collaboration with other agencies and department. Check-up events are advertised in the community for mass exposure; checkpoint events are activities and require law enforcement presence. A successful event requires knowledge of the community and its available resources.

Who participates?

The event that occurs 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 parents/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. An individual must be identified to ensure 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.

- | | | |
|-----------------------------------|--|---|
| Check-up event materials include: | <input type="checkbox"/> Barricades | <input type="checkbox"/> Trash cans |
| | <input type="checkbox"/> Tape/rope/cones (check-up area) | <input type="checkbox"/> Tables |
| | <input type="checkbox"/> Signage (Enter, Exit, Check area) | <input type="checkbox"/> Bottled water |
| | <input type="checkbox"/> Check-up forms | <input type="checkbox"/> Child passenger safety education materials |
| | <input type="checkbox"/> Clipboards | <input type="checkbox"/> Pens/pencils |
| | <input type="checkbox"/> Child safety seats | <input type="checkbox"/> Cones |
| | <input type="checkbox"/> Traffic Vests | |

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

Checkpoint events are an option for community Law Enforcement Officials 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 parents/caregivers that are stopped for not having a child properly restrained. The more CPS Technicians the more efficient this event will be.

- | | | |
|-------------------------------------|---|---|
| Checkpoint event materials include: | <input type="checkbox"/> Barricades/cones | <input type="checkbox"/> Trash cans |
| | <input type="checkbox"/> Check-up forms | <input type="checkbox"/> Tables |
| | <input type="checkbox"/> Clipboards | <input type="checkbox"/> Bottled water |
| | <input type="checkbox"/> Pens/pencils | <input type="checkbox"/> Child passenger safety education materials |
| | <input type="checkbox"/> Child safety seats | |
| | <input type="checkbox"/> Traffic vests | |

Other Training Resources

The following child passenger safety training links are provided to assist you to enhance your Ride Safe program:

- ❖ 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/>

APPENDIX B**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
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 (2018)****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 parents are transporting children.

Below are examples of possible observation sites:

- Tribal school locations (this is the best location if parents 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 parents 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 parents/caregivers 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 noting.

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

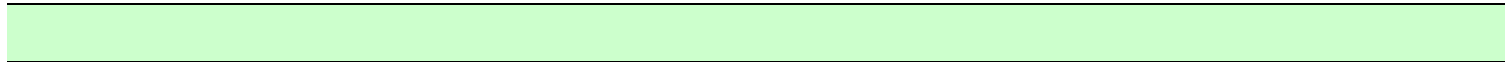
Child safety seat usage data should be summarized and reported to each Tribal stakeholder annually or other agreed upon schedule time. A template for reporting summary can be provided by your District Injury Prevent Coordinator. Stakeholders may include:

- 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.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
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25.							
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27.							
28.							
29.							
30.							
TOTAL							

APPENDIX C**RIDE SAFE DATA SUMMARY - REPORTING**

Remember to only report on items conducted during reporting period.

Program Name:

Date Summary Submitted:

Observational Surveys			
		Project 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 parents/caregivers educated:		

Non distribution related educational activities			
		Mid-year	End-year
Trainings (Presentations at health fairs, schools)	Number of trainings in reporting period:		
	Number of parents/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 Ride Safe Coordinators could schedule each month or bi-monthly.

August	September	October
<ul style="list-style-type: none"> • Child safety seat observations conducted using the <i>Phoenix Area Observational Protocol (see Appendix B)*</i> • Meet with potential CPS Partners to determine how they can assist in the Ride Safe Program • Orientate staff to Ride Safe Program. Send a letter to parents and partners announcing program 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 parents and interested community members. Distribute seats if necessary
November	December	January - New Year:
<ul style="list-style-type: none"> • 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 parents that are buckled up and have their children secured • Conduct CPS egg activity in the classroom 	<ul style="list-style-type: none"> • 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* 	<ul style="list-style-type: none"> • Have children and parents work on making a safety seat pledge <ul style="list-style-type: none"> ○ 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 parents, Health Board, Police Department and Tribal Council
February	March	April
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Participate in a community event and distribute coloring materials centered around the Season(s) • Conduct a 1-hour CPS education session for parents and interested community members. Distribute seats if necessary 	<ul style="list-style-type: none"> • Have children go through magazines and newspapers and look for people in safety seats and seat belts • Distribute educational materials at parent meetings
May		
<ul style="list-style-type: none"> • Child safety seat observations conducted using the <i>Phoenix Area Observational Protocol (see Appendix B)*</i> • Final Progress Report due 		

Activities Template

Use this template to record the activities that Ride Safe 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 restraint help prevent injuries during a crash are:
 - a. Keep the person in the vehicle
 - b. The safety belt spread crash forces across the hardest part of the body,
 - c. Safety 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 restrained in a child safety seat
 - a. True
 - b. False

3. Match the seat with the appropriate age/weight range
 - a. Infant
 - b. Toddlers
 - c. Elementary /Middle
 - d. Taller than 4 ft 9 inches
 1. seatbelt
 2. booster
 3. convertible and/or forward facing
 4. rear facing

4. An infant in a rear-facing child safety seat should never be placed in front of an activated air-bag.
 - a. True
 - b. False

5. NHTSA recommends 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. Tether should always be used wither lower anchors or the seat belt is used to secure a forward-facing child safety seat.
 - a. True
 - b. False

11. The child safety seat must be tight with no more than *1-inch movement* along the base. Otherwise, in the event of a crash the child may move more and suffer more injuries.
 - a. True
 - b. False

12. NHTSA recommends 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.
 - a. True
 - b. False

14. NHSTA 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 safety belt spread crash forces across the hardest part of the body,
 - c. Safety 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 restrained in a child safety 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. convertible and/or forward facing
d. Taller than 4 ft 9 inches	4. rear facing

4. An infant in a rear-facing child safety seat should never be placed in front of an activated air-bag.
 - a. True
 - b. False

5. NHTSA recommends 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. Tether should always be used wither lower anchors or the seat belt is used to secure a forward-facing child safety seat.
 - a. True
 - b. False

11. The child safety seat must be tight with no more than *1-inch movement* along the base. Otherwise, in the event of a crash the child may move more and therefore suffer more injuries.
 - a. True
 - b. False

12. NHTSA recommends 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.
- a. True
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14. NHSTA 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 social distancing recommendations and guidance to those operating child car seat education distribution programs.

Scope

This protocol applies to Division of Environmental Health Services (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 child passenger safety seat education and distribution using:

- I. Remote Education; or**
- II. Face-to-Face Education**

Both training methods should be conducted by Certified Child Passenger Safety Technicians.

Educational Methods

It is understood there may be instances in some communities to combine both methods to meet the needs of the community. The information contained in this guidance document is based on the CDC's Coronavirus (COVID-19) website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) and Safe Kids Worldwide COVID-19 Child Passenger Safety Remote Education Tool (<https://cert.safekids.org/resources-fags>). Please check both sites for the latest guidance updates. The

*Wellness Screening form should be administered if there will be contact with parents/care givers.

I. REMOTE EDUCATION

Resources needed

- 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 a 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)

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OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

- Provide one or more of the following links on car seat education and installation for parents/caregivers to review:
 - National Highway Traffic Safety Administration's (NHTSA) 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=OPNI5_dzlk&feature=youtu.be

During Remote Education

Check-in call should be done (either day before or hours before day off training) to verify connectivity and review of pre-training materials.

Items to review during trainings include:

- 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):

① Selection ➡ ② Direction ➡ ③ Location ➡ ④ Installation

Closeout

- Discuss
 - Air bag impact on car seats
 - Projectiles
 - Restrained adults

II. FACE-to-FACE EDUCATION

*Face-to-face education should occur at a location the technician is comfortable. Make sure that all precautions are followed. It is not recommended to conduct face-to-face education if safety supplies **and** safety precautions can not be met.*

Technician safety supplies needed:

- Face covering (i.e. masks, face shield, etc.)
 - Parents/caregivers must also have face covering
 - Extra face coverings, if available, may be provided to parent/guardian
- Hand sanitizer
- Disposal gloves
- Disinfectant (spray/wipes)
- Bag to discard gloves and wipes

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Precautions:

- **Follow social distancing** requirements of 6 feet apart
- **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 restroom; 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% ethanol (or 70% isopropanol), 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 needed

- 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

Make sure the Wellness Screening form is completed and reviewed prior to meeting.

- 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)
 - COVID Health Screening form (attached)
- 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

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During Face-to-Face Education

- Have PPE available
- If extra PPE are available provide to parent/caregivers that may not have PPE
- Meet with parent/caregiver at agreed schedule
 - Make sure social distancing of six feet (6ft) is adhered to at all times
- Review completed family worksheet (attached)
- Answer any questions/concerns
- Complete any applicable car seat installation forms
- Review proper installation steps:
 - ① Selection ➡ ② Direction ➡ ③ Location ➡ ④ Installation
- 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:
 - Clean and disinfect commonly touch surfaces in vehicle
 - Technician should check with parent/caregivers before cleaning and disinfecting 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.

Injury Prevention Program
Wellness Screening Form

Technician Name: _____ Tech ID: _____

Have you experienced or been exposed to anyone with any of the following symptoms?

A fever greater than 100° F in the last seven (7) days?

- Yes
- No

Additional symptoms like **sore throat, cough, shortness of breath, diarrhea, body aches** in the last seven (7) days?

- Yes
- No

Living with Family members that experienced a fever of greater than 100° F in the last seven (7) days?

- Yes
- No

Have you transported anyone in your vehicle who has been ill with any of the mentioned symptoms listed above within the last seven (7) days?

- Yes
- No

→ I agree to wear a protective mask for the duration of the car seat training education I will receive.

Initial: _____

→ I agree to practice proper social distancing of 6 feet distance during the duration of the car seat training education I will receive.

Initial: _____

By signing below you are verifying that the answers provided are true and correct.

Signature _____

Date _____



CAR SEAT EDUCATION

Consultation Worksheet

Things to Know Before Contacting Your Local Certified Child Passenger Safety Technician

Please read and fill out to the best of your ability before your consultation on:

Date: _____

Time: _____

Child Passenger Safety Technician Contact Name: _____

Child Passenger Safety Technician Contact Number: _____

Also, have your vehicle and car seat instruction manuals handy for your consultation.

Right Seat. Check the label on your car seat to make sure it's appropriate for your child's age, weight and height. Locate labels to find your car seat brand name, model number, date of manufacture and expiration date. You will need this important information.



XXXXXXXXXXXXXXXXXXXX	MANUFACTURED
MODEL: XXXXXXXXXXXXX	FABRICADOS:
BATCH/LOTE: XXXXXXXXXXX	09 2018
SERIAL/SERIE: XXXXXXXXXXXXX	MO/MES YR/AÑO
EXPIRES/EXPIRS: 09/31/2024	
MANUFACTURED BY/FABRICADOS POR:	
BRITAX CHILD SAFETY, INC.	
4140 PLEASANT RD. FORT MILL, SC 29708 USA	

Write down or photograph your car seat information.

Brand name: _____

Model no.: _____

Date of manufacture: _____

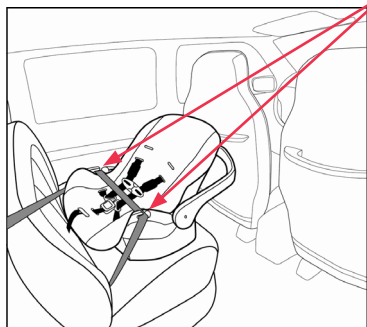
Expiration date: _____

Manufacturer customer service phone #: _____

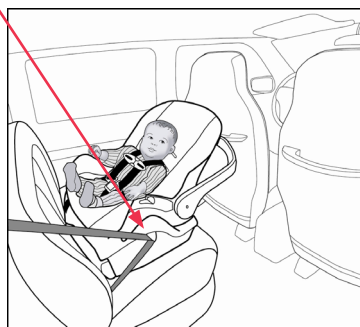
Right Place. Keep all children in a back seat until they are 13. It's the safest place to ride.

Right Direction. Keep your child in a rear-facing car seat for as long as possible, until they reach the highest weight or height allowed by your car seat manufacturer. Many kids will be 2 years or older when they outgrow their rear-facing car seat. Move your child to a forward-facing car seat when they are too tall or too heavy for a rear-facing convertible seat. Make sure to adjust the harness straps and attach the top tether after you tighten and lock the seat belt or lower attachments (LATCH) after making the change.

REAR-FACING BELT PATHS



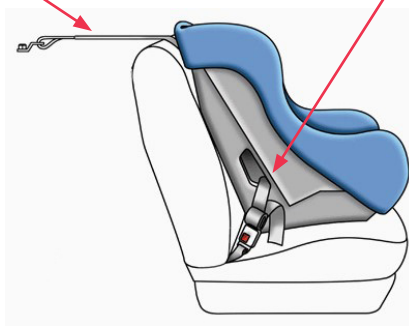
Rear-facing (no base)



Rear-facing with base

TETHER

FORWARD-FACING BELT PATH

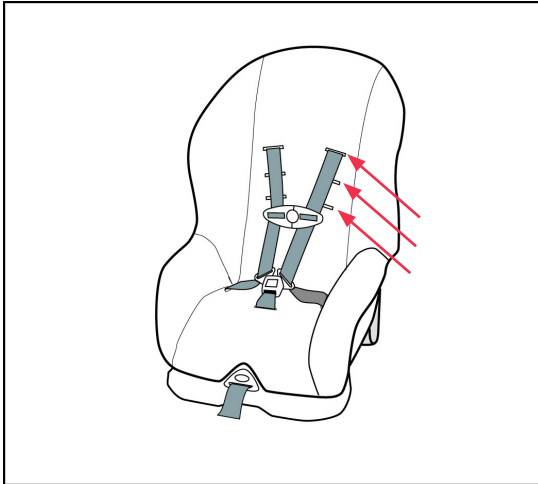


Forward-facing and Tether

Illustrations courtesy of Center for Injury Research and Prevention at Children's Hospital of Philadelphia

INSTALL YOUR CAR SEAT: The Inch Test. Install your car seat using the correct belt path. Find the belt path on the label. Once your car seat is installed, give it a good shake at the belt path. Can you move it more than an inch side-to-side or front-to-back? A properly installed car seat will not move more than an inch.

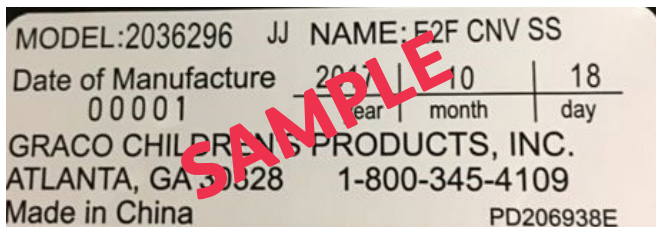
SECURE YOUR HARNESS: The Pinch Test. Make sure the harness is tightly buckled and coming from the correct slots (check car seat manual). Next, with the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.



Harness Slots

Illustrations courtesy of Center for Injury Research and Prevention at Children's Hospital of Philadelphia

If you have concerns after your call with the certified technician contact the car seat manufacturer using the customer service number located on the label.



For additional information visit Safe Kids Worldwide's online Ultimate Car Seat Guide available in English and Spanish at www.safekids.org/guide

Family Worksheet

(To be completed by CPST.)

Parent Name _____

Date _____

Cell Phone _____

Email _____

What type of car do you ride in with your family?

Vehicle _____ Make _____ Model _____ Year _____

How many people in each of the following age groups ride in the family car?

CPST sent caregiver Car Seat Checkup handout.

Yes No

Children _____

(newborn to 12 years of age)

Teenagers _____

(13 to 19 years of age)

Adults _____

(20 years of age and older)

Is there a baby on the way?

Yes No

Please answer the questions below for each child under the age of 12.



1 Rear-facing seat



2 Car seat with harness



3 Booster seat (no back)



4 Booster seat (highback)



5 Seatbelt

Child's Info	Does this child have a car seat/booster seat?	If yes, what type? (Circle the number that matches the type of seat shown above.)	CRS Brand	CRS Model Name
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		

CPST referred caregiver to car seat manufacturer. Yes No