

Indian Health Service Ride Safe Program

2011-2012 Ride Safe Mid-year Progress Report

Please fill out the following sections that apply to your program; skip those sections that are not applicable. For the Mid-Year Progress Report, include <u>all</u> information for activities conducted during the first part of the school year, 8/1/11 - 12/31/11.

Click the "Submit by E-mail" button to submit the report. **Today's Date: Select your site:** Report Prepared By (Lastname, Firstname): **Child Safety Seat Distribution Activities** 1. Enter baseline CPS observational survey data for your site: Quarter conducted Total # of toddlers observed Total # of toddlers restrained 2. Enter numbers of Child Safety Seats Distributed this reporting period: Convertible **HB** Booster **Special Needs** Combination LB Booster Other **Training Activities** 3. CURRENT TRAINING/CERTIFICATIONS: Indicate number of staff/partners at tribe that are CURRENTLY CPS certified: **CPS Course:** 1-Day 2-Day 4-Day **SNAP** 4. TRAINING RECEIVED: Indicate number and type of training attended by Ride Safe Program staff: CPS Course: 1-Day 2-Day 4-Day **SNAP** 5. STAFF and PARTNER TRAINING PROVIDED: Indicate the training provided to Head Start staff or other partners: Number of sessions: Number of participants (total): 6. PARENT TRAINING PROVIDED: Indicate the training provided to parents or groups: Number of sessions: Number of participants (total): 7. STUDENT TRAINING PROVIDED: Indicate the number Head Start student educational sessions provided by teachers, etc. Number of sessions: Number of participants (total): **Collaboration Activities** 8. Describe any partnerships, collaborations, and additional resources (funds or support) brought into this project:

hild Passenger Safety Advocacy	
10. Describe any tribal resolutions, laws, etc. written / passed as a result of this project:	
	lishments other accomplishments (and barriers):
1. Briefly describe	other accomplishments (and barriers):
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omitting Yo	Dur Report mid-year progress report, please follow the steps below. If you are unable to submit your report lease contact Rob Morones at robert.morones@ihs.gov or 480-592-0091 x 231.

INJURY Prevention Advocacy, Outreach and Results