



Safety Baby Shower: Evaluation Guide

Note: Conducting Safety Baby Showers should never happen unless at least one facilitator has been trained in conducting safety baby showers and at least one Child Passenger Safety technician has agreed to assist with car seat fittings.

There are two evaluation phases to the Safety Baby Shower Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working days after the shower. SIPP analysts will follow-up if evaluation documents are not received.

Process Evaluation:

Please complete the *Safety Baby shower Process Document* for each shower you conduct. The process document will include:

- 1) shower information ie: date, location, TRAC
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to shower implementation

Outcome Evaluation:

There are three documents for collecting Safety Baby Shower outcome data.

Please have all participants who attend the shower take the pre and post tests, this includes support family members like grandparents and baby's daddy.

- 1) *Safety Baby Shower pre-test*
- 2) *Safety Baby Shower post-test*
- 3) *Child Passenger Safety Checklist*- please complete one form for each child who receives a car seat, up to two children from the same family may be included on one form.

All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

RETURNING EVALUATION DOCUMENTS: You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Home Safety SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents



- 1) *Safety Baby shower Process Document -1 per event*
- 2) *Safety Baby Shower Pre/post test -1 pre-test and one post-test per attendee*
- 3) *Child Passenger Safety Checklist -1 per child seat checked*



Form to be completed by: Project Coordinator

Safety Baby Shower: Process Document

TRAC: _____ Project Coordinator: _____

Event Date: __/__/____ Event Location: _____ Event County: _____

Mechanism: Motor vehicle

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Motor vehicle related mortality	569	71	119	74	94	76	45	90
Motor vehicle related hospitalization	2256	289	593	312	150	410	178	324
Motor vehicle related mortality Ages 0-19	68	UR	16	UR	12	UR	10	UR
Motor vehicle hospitalization Ages 0-19	321	40	86	40	20	71	16	48
SIDS/SUIDI related deaths \leq 1 yr	61	14	UR	UR	13	UR	UR	UR

UR=counts under 10 are unreportable

Outcome Measures				
Measure		Overall Program Goal (# served, as per budget request)	Individual Event Goal (if multiple events, # to be served at this event)	Event Result (# actually served)
1	Total number of pregnant moms attending SBS			
2	Total number of other participants attending SBS			
3	Total number of safety bags distributed			
4	Total number of car seats distributed (include other siblings)			
5	Total number of pack n play's distributed (if not part of your shower indicated with NA)			

Did you achieve your individual event goals for your outcome measures? Yes No

If no, why not? _____



Form to be completed by: Project Coordinator

Safety Baby Shower:
Process Document

Did you encounter any barriers planning for this event? Yes No
If YES, what? _____

Did you encounter any barriers on the day of the event? Yes No
If YES, what? _____

What went well during this event? _____

Do you have any lessons learned that you'd like to share? Yes No
If YES, what? _____

RETURN VIA:

Table with 3 columns: Mail, EMAIL, FAX. Mail: Home Safety SIPP Analyst, 1 Children's Way, Slot 512-26, Little Rock, AR 72202. EMAIL: injuryprevention@archildrens.org. FAX: 501-364-3112



Form to be completed by: Event Participant

SAFETY BABY SHOWER PRE-TEST

Please take a few minutes to answer some questions. This will help us improve our program. The answers you give us will be kept private.

Are you an expecting mom? Yes No

Is this your first child? Yes No

What is your age? Less than 18 18-25 26-35 36 or Older

What is your ethnicity? White Black Asian Hispanic Other

	For each of the statements below, tell us if you agree or disagree with each by placing a \checkmark in the box: Please choose only one answer per question.	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I plan to put my baby on its back to sleep				
2.	The safest position for my baby to sleep is on its back				
3.	Babies are less likely to choke when sleeping on their backs				
4.	It is dangerous for infants to sleep in a bed with other adults or children				
5.	It is okay for a baby's crib to have soft items i.e.: pillow, bumper				
6.	Babies are safest riding rear facing until they turn age 2				
7.	My hot water heater should be set at 120 degrees or less				
8.	It is important to have a written plan for how to deal with my baby's crying				
9.	I plan for my baby to sleep in a crib, portable crib, bassinet or play yard				
10.	A baby can drown in only two inches of water				



Safety Baby Shower POST-TEST

Please take a few minutes to answer some questions. This will help us improve our program. The answers you give us will be kept private.

Are you an expecting mom? Yes No

Is this your first child? Yes No

What is your age? Less than 18 18-25 26-35 36 or Older

What is your ethnicity? White Black Asian Hispanic Other

	For each of the statements below, tell us if you agree or disagree with each by placing a \surd in the box: Please choose only one answer per question.	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I plan to put my baby on its back to sleep				
2.	The safest position for my baby to sleep is on its back				
3.	Babies are less likely to choke when sleeping on their backs				
4.	It is dangerous for infants to sleep in a bed with other adults or children				
5.	It is okay for a baby's crib to have soft items i.e.: pillow, bumper				
6.	Babies are safest riding rear facing until they turn age 2				
7.	My hot water heater should be set at 120 degrees or less				
8.	It is important to have a written plan for how to deal with my baby's crying				
9.	I plan for my baby to sleep in a crib, portable crib, bassinet or play yard				
10.	A baby can drown in only two inches of water				



11.	The trainer explained things in a way that I could understand.				
12.	I would recommend the Safety Baby Shower to friends.				



Form to be completed by: CPS Technician

SAMPLE

CHILD PASSENGER SAFETY CHECKLIST

Ask the home safety analyst for copies of the checklist for use at showers



Child Passenger Safety Checklist



Driver's Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

County _____

Vehicle Make: _____ Model: _____ Year: _____

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of car seats; that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of my child safety seat, the car seat provided or any component of my vehicle, including child safety seats or safety belts; and that this program cannot guarantee my child's safety in a crash. However, I understand that a properly used child safety seat can reduce fatal injury by 71% for infants and 54% for toddlers. For these reasons, I hereby release the Arkansas SAFE KIDS Coalition and any program participants from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Signature _____ Date _____

Child #1 Name: _____ Age _____ Wt. _____ lbs Ht. _____ in

Child Present Yes No Expectant parent Seat checked before Yes No Do not know

***** TO BE FILLED OUT BY CPS TECH *****

Child Arrives at Event (Circle one)

RF FF Booster Seat Belt Unrestrained

Restraint Type: (fill in the oval)

<input type="radio"/> None	<input type="radio"/> RF Convertible
<input type="radio"/> Base only	<input type="radio"/> Infant w/o base
<input type="radio"/> Car bed	<input type="radio"/> Infant w/base
<input type="radio"/> Vest	<input type="radio"/> Lap/Shoulder seat belt
<input type="radio"/> BP Booster	<input type="radio"/> Lap only seat belt
<input type="radio"/> FF w/Harness (comb/conv)	

Findings:

	Yes	No	N/A
CSS Correct Direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harness Correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seatbelt Correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower anchors correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tether Correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CSS history known	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CSS involved in crash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CSS labels missing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CSS expired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CSS recalled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CSS Information:

Britax Chicco Combi Evenflo Graco

Peg Perego Sunshine Kids

Dorel (Cosco, Eddie Bauer, Safety 1st, Maxi Cosi)

CSS Name: _____

Model Number: _____

MFG Date: _____

D	<input type="checkbox"/> X	<input type="checkbox"/> X	FILL IN THE X FOR THE LOCATION WHERE THE CHILD IS CURRENTLY SEATED
	<input type="checkbox"/> M	<input type="checkbox"/> M	
<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	FILL IN THE M IF THE CHILD WAS MOVED TO A DIFFERENT LOCATION
<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	

Child Departs Event

RF FF Booster Seat Belt

Restraint Type:

<input type="radio"/> None	<input type="radio"/> RF Convertible
<input type="radio"/> Base only	<input type="radio"/> Infant w/o base
<input type="radio"/> Car bed	<input type="radio"/> Infant w/base
<input type="radio"/> Vest	<input type="radio"/> Lap/Shoulder seat belt
<input type="radio"/> BP Booster	<input type="radio"/> Lap only seat belt
<input type="radio"/> FF w/Harness (comb/conv)	

CSS loaned by Coalition

Participant helped install

COMMENTS: _____

Tech Last Name: _____

Scribe Last Name: _____

Senior Checker: _____

Event Location: _____ Event Date: _____