



WATER SAFETY/LIFEJACKET FITTING PROGRAM EVALUATION GUIDE

Note: Distribution of lifejackets should NEVER occur without providing the Water Safety Training and Lifejacket Fitting Program to the target community

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

Process Evaluation:

Please complete the *Water Safety/Lifejacket Fitting Program Process Document* for each event you conduct. The process document will include:

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

Outcome Evaluation:

There are two documents for collecting Water Safety/Lifejacket Fitting Program outcome data.

- 1) *Lifejacket Safety Promise*-please have all participants who attend the Water Safety/Lifejacket Fitting program sign an lifejacket safety promise form
- 2) *Lifejacket Fitting Data Collection Form*- please complete one form for each person who receives a lifejacket during your event

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
Recreational SIPP Analyst 1 Children’s Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents

- 1) *Water Safety/ Lifejacket Fitting Program Process Document-1 per event*
- 2) *Lifejacket Safety Pledge-1 per attendee*
- 3) *Lifejacket Fitting Data Collection Form-1 per 10 helmet recipients*



Form to be completed by: Project Coordinator

WATER SAFETY/ LIFEJACKET FITTING PROGRAM PROCESS DOCUMENT

TRAC: _____ **Project Coordinator:** _____

Event Date: ___/___/___ **Event Location:** _____ **Event County:** _____

Mechanism: Drowning

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Unintentional Drowning related mortality	56	UR	12	UR	UR	UR	UR	10
Unintentional Drowning related hospitalization	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Unintentional Drowning related mortality Ages 0-19	UR	UR	UR	UR	UR	UR	UR	UR
Unintentional Drowning related hospitalization Ages 0-19	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Unintentional Drowning related mortality Ages 20-64	UR	UR	UR	UR	UR	UR	UR	UR
Unintentional Drowning related hospitalization Ages 20-64	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Unintentional Drowning related mortality Ages 65+	UR	UR	UR	UR	UR	UR	UR	UR
Unintentional Drowning related hospitalization Ages 65+	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Lifejacket citations	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

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 individuals trained in Water Safety			
2 Total number of participants that signed promise			
3 Total number of individuals properly fitted with a program lifejacket			
4 Total number of individuals properly fitted with their own lifejacket			



Form to be completed by: Project Coordinator

WATER SAFETY/LIFEJACKET FITTING PROGRAM
PROCESS DOCUMENT

Did you achieve your individual event goals for your outcome measures? Yes No
If no, why not?

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: Recreational 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

WATER SAFETY/LIFEJACKET FITTING PROGRAM

Promise Card

Make a Promise That May Save Your Child's Life

My Promise to My Child:

I want to protect my children from injury.

I promise to get lifejackets for my children and require they wear them every time they are on the water. Further, I promise to set a safe example by wearing a lifejacket every time I am on the water.

Parent/Guardian's Signature Date

Child's Promise Reminder:

I promise to wear my Lifejacket every time I'm on the water.

Child's Signature Date

Making Your LIFEJACKET Promise Work

- Fill out the Lifejacket promise. When you get home, put it where it will be a constant reminder, such as on the refrigerator door.
- Let your child choose her or his own lifejacket and make sure it fits properly.
- Set an example for your child by wearing a lifejacket every time you're on the water.
- Make it a family pact to wear lifejackets whenever you're on the water. Encourage friends to purchase and wear lifejackets to help keep their families safe.
- Make a rule and enforce it with all who are in your care: No lifejacket... No water play.



- Reward your child until he/she gets into the habit of always wearing a lifejacket.

Promise adapted from NHTSA Bike Rodeo Workbook



WATER SAFETY/ LIFEJACKET FITTING PROGRAM Lifejacket Fitting Data Collection Form

Form to be completed by: Event Staff
(Make as many copies as needed)

1	Gender		Age Group			Race					Size of Lifejacket Provided					
	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
2	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
3	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
4	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
5	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
6	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
7	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
8	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
9	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA



Arkansas Department of Health



10	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Infant (less than 50 lbs)	Child (30-50 lbs)	Youth (50-90 lbs)	Adult (over 90 lbs)	Oversized Adult	NA
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