Enter information from each ***Follow Up Ride Safe Tracking Sheet*** completed during this reporting period

Ride Safe Follow-Up Home Visits Summary Sheet

For follow up visits conducted during **(_____ / _____ / _____)**

Family Name	Was child safety seat present during home visit?		Was parent able to demonstrate proper installation of child safety seat?		Did Head Start staff need to demonstrate proper installation of child safety seat?*	
	Yes	No	Yes	No	Yes	Not Required

*If parent is able to demonstrate proper installation of Ride Safe provided child safety seat, Head Start staff is not required to perform demonstration and should mark this item as “Not Required”. If parent cannot demonstrate proper safety seat installation, Head Start staff or Ride Safe Coordinator should conduct the demonstration and mark the items as a “Yes”.