

Child Passenger Safety Seat Use Observation Form

Observation Location (provide complete address): _____

Type of Location: Head Start Community Name of Observer: _____

Observation Date: _____ Start Time: _____ End Time: _____

Toddlers: Age 3-5 ½ years

Toddler	Restrained	Unrestrained	Comments		Toddler	Restrained	Unrestrained	Comments
1.					26.			
2.					27.			
3.					28.			
4.					29.			
5.					30.			
6.					31.			
7.					32.			
8.					33.			
9.					34.			
10.					35.			
11.					36.			
12.					37.			
13.					38.			
14.					39.			
15.					40.			
16.					41.			
17.					42.			
18.					43.			
19.					44.			
20.					45.			
21.					46.			
22.					47.			
23.					48.			
24.					49.			
25.					50.			
TOTAL					TOTAL			

T1A

T2A

T1B

T2B

Toddlers (3-5 ½ Years)
Average = appx. 4 Feet/45 lbs

Toddlers (3-5 ½ Years)
Average = appx. 4 Feet/45 lbs

Total # of Toddlers observed to be restrained: _____ (T1A + T1B)

Total # of Toddlers observed to be unrestrained: _____ (T2A + T2B)

Percent (%) of Toddlers Restrained = _____ (T1A+T1B) Divided by (T1A+T2A+T2A+T2B)