

RIDE SAFE TRACKING SHEET (one per family)

INITIAL ENCOUNTER				
Date ___ / ___ / 20___				
Parents Name:				
Child's Name:				
Address:				
Instructions: Please mark appropriate boxes at the time of initial encounter with parent or follow-up home visit.				
Type of Safety Seat	Number of Child Safety Seats provided	Date CSS Provided (mo/date/year)	Warranty Card Completed & Instruction Book Provided (Yes / No)	
Convertible Child Safety Seat				
Combination Booster with Harness				
High Back Booster – belt positioning				
Low Back Booster - belt positioning				
KNOWLEDGE & SKILLS			YES	NO
2) CSS Education and Training provided by staff?				
3) Hands on Skills demonstrated by staff to parent?				
4) Hands on skills demonstrated by parent to staff?				
5) Parent installs child safety seat in car correctly?				
6) Parent installs child correctly in the child safety seat in vehicle?				

FOLLOW-UP VISIT		
Start Date ___ / ___ / 20___		
KNOWLEDGE & SKILLS	YES	NO
1) Child safety seat available during follow-up visit.		
2) Hands-on Skills successfully demonstrated by parent (Parent installs child safety seat in vehicle)		
3) Staff demonstrates proper installation of child safety seat to parent. (Required when parent can not demonstrate installation)		
4) Following demonstration by staff, parent is able to install safety seat and child in vehicle correctly.		

STAFF NOTES &/or COMMENTS:
