



## 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	<a href="mailto:injuryprevention@archildrens.org">injuryprevention@archildrens.org</a>	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:

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Form to be completed by: Event Participant

## SAFTEY 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 ✓ 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 ✓ 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)

☐ None    ☐ RF Convertible

☐ Base only    ☐ Infant w/o base

☐ Car bed    ☐ Infant w/base

☐ Vest    ☐ Lap/Shoulder seat belt

☐ BP Booster    ☐ Lap only seat belt

☐ 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 1<sup>st</sup>, Maxi Cosi)

CSS Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

MFG Date: \_\_\_\_\_

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

Child Departs Event

RF   FF   Booster   Seat Belt

Restraint Type:

☐ None    ☐ RF Convertible

☐ Base only    ☐ Infant w/o base

☐ Car bed    ☐ Infant w/base

☐ Vest    ☐ Lap/Shoulder seat belt

☐ BP Booster    ☐ Lap only seat belt

☐ FF w/Harness (comb/conv)

CSS Information:

☐ Britax   ☐ Chicco   ☐ Combi   ☐ Evenflo   ☐ Graco

☐ Peg Perego   ☐ Sunshine Kids

☐ Dorel (Cosco, Eddie Bauer, Safety 1<sup>st</sup>, Maxi Cosi)

CSS Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

MFG Date: \_\_\_\_\_

☐ CSS loaned by Coalition

☐ Participant helped install

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tech Last Name: \_\_\_\_\_

Scribe Last Name: \_\_\_\_\_

Senior Checker: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

V1 2/14