

CHILD PASSENGER SAFETY ACTIVITY

NAME/TEAM/BUSINESS	COUNTY	DATE	# OF ACTIVITIES	ACTIVITY	NUMBER REACHED	# OF MATERIALS DISTRIBUTED	# CAR SEATS CHECKED	# SEATS DISTRIBUTED
			(suggested formatting = start with Car seat event or Car seat inspections - by appt.)					
EXAMPLE: Washington County SafeKids	Washington	10,11,12/2013	3	Car seat event - 2nd Wed of each month	30	15	15	0
EXAMPLE: Auto CPS Team	Auto	10/17/13	1	Class for care givers	45	45	0	0
EXAMPLE: Safe County TZTF	Safe	10,11,12/2013	12	Car seat inspections - by appt.	15	12	12	1

Oct/Nov/Dec

Jan/Feb/Mar

Apr/May/Jun

Jul/Aug/Sep