

Safe Kids Gainesville/Hall County
Program Information Report

Project/Program _____
Location: _____ Date: _____ Time: _____
Program Provider(s): _____ Phone: _____
Request (type of service): _____

Project Description:

Display
 Brochures
 Lecture
 Interactive Activity
 Video: _____

Publicity Done By: (check one)

SAFE KIDS Host Agency
 TV/ Cable Flyers
 Newspaper
 Radio
 Other: _____

(Please attach copies if possible)

Safety Areas Addressed:

Bicycle/Helmet Safety
 Child Safety Seat
 Choking Prevention
 Fall Prevention
 Fire & Burn Safety
 Firearms/ School Violence
 First Aid & CPR
 Sports Injury Prevention
 Poison Prevention
 911 Education
 Water Safety
 Pedestrian Safety
 Other: _____

Types of Volunteers/Participants:

SK Volunteers
 Parents
 Civic/Church Group
 Coaches
 Fire Department
 Healthcare Providers
 Police
 School Personnel
 Sheriff's Department
 Students
 Other: _____

Number of Children Reached (total): _____

Number of Adults Reached (total): _____

Number of Volunteers Utilized: _____

Was safety equipment distributed? ___ Yes or ___ no

If yes, please complete:

<u>Items Distributed:</u>	<u>Training on Safety Item</u>	<u># Distributed</u>
Smoke Detectors	yes or no	_____
CO Detectors	yes or no	_____
Helmets	yes or no	_____
Infant Safety Seats	yes or no	_____
Convertible Seats	yes or no	_____
Booster Seats	yes or no	_____
PFDs	yes or no	_____
Other: _____	yes or no	_____
Other: _____	yes or no	_____

Did you evaluate the program?

Yes or No

(If yes, please attach results of evaluation)

Would you implement this project again?

Yes or No

Why?

What would you do differently next time?

Materials Utilized: (#'s)

_____ Educational Materials

_____ Food/Drinks

_____ Door Prizes/Drawings/Giveaways: (Type of item and #)

_____ Other : (Please describe)

Thank you for your contribution to child safety in our community!