|  |  |
| --- | --- |
| **Organization:** | Click or tap here to enter text. |
| **Date of Report:** (Month / Day / Year) | Click or tap here to enter text. |
| **Contact Person:** | Click or tap here to enter text. |
| **Telephone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |

1. **Which geographic area did the project activity serve? *(county and zip code for each area required)***

Click or tap here to enter text.

1. **Please describe all of the SIDS/safe infant sleep outreach activities that you conducted during this grant cycle of January 8, 2016 through July 31, 2016. Be sure to be specific. Please use additional pages as needed.**
* **Total Number of Events:** Click or tap here to enter text.
* **Total Number of Participants Who Attended Events:** Click or tap here to enter text.

| **Activity** | **Description** | **Event Date** | **Number of Attendees** | **Activity Audience** | **Encounter: Awareness vs. Educational** |
| --- | --- | --- | --- | --- | --- |
| EX. Safety Baby Shower | Desha County Health Unit representatives partnered with church officials from First Baptist Church Day Care Center in McGehee to train parents and child care providers on safe infant sleep using the Safe to Sleep® educational video and print materials. The Bruce Family Endowment provided a supplementary in-kind donation for this education initiative, which covered meal expenses for training participants.  | 1/9/2016 | 35 | * Expecting mothers
* New parents
* Grandparents
* Church members
 | Educational |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Which safe infant sleep messages were the most challenging for your training participants? Please explain.**

Click or tap here to enter text.

1. **What aspects of this project worked well and would you do again to make your outreach successful? Please explain.**

Click or tap here to enter text.

1. **Do you feel you have the information and resources you need to raise awareness of SIDS and promote safe infant sleep in your community?**

[ ]  **Yes**

[ ]  **No, what types of information or resources would be most helpful to you?**

Click or tap here to enter text.