

Childproofing Checklist

Participant Name: _____
 ID #: _____
 Clinic #: _____

Date: _____ Timeframe: INITIAL (No later than 60 days from child's birth or postnatal enrollment) POST (7-9 months)

YOUR CHILD'S BEDROOM (where child sleeps)		Yes	No	N/A
1.	Is the changing area secure (e.g., safety belt on the changing table)?			
2.	Are the changing supplies out of the child's reach when being changed?			
3.	Are changing supplies within your reach when child is being changed?			
4.	Is there a carpet/rug beneath the child's sleeping area/changing table?			
5.	Are cords from curtains and blinds out of reach of the child's sleeping area?			
6.	Is child's sleeping area without toys, pillows, blankets, and bumper pads?			
7.	Have all crib gyms, hanging toys and decorations been removed from the child's sleeping area?			
8.	If sleeping in a crib, is the crib without drop-side rails, elevated corner posts, or decorative end panel cutouts?			
9.	Does the mattress in the child's sleeping area fit snugly, without any gaps?			
10.	Are all screws, bolts, and hardware, including mattress supports, in place to keep the child's sleeping area secure?			
11.	Are plastic bags and other plastic material prohibited in or around the child's sleeping area to prevent suffocation?			
12.	Are small objects that your child could choke on prohibited in the bedroom?			
13.	Is the nightlight away from materials, such as curtains or bedding, where it could start a fire?			
14.	Is the child's sleeping area far away from a window and are window screens or guards present to prevent a child from falling out the window?			
15.	Are there plug protectors in the unused electrical outlets?			
16.	Is the toy box (or substitute) without a heavy, hinged lid to prevent the lid from falling on the child?			
17.	Are the slats in the child's sleeping area 2 3/8 inches in width or closer?			
18.	Does the child's sleeping area have its original paint?			
YOUR HOME		Yes	No	N/A
19.	Are prescription drugs, toiletries, and other poisonous substances inaccessible to your child?			
20.	Are cords from curtains and blinds well out of your child's reach?			
21.	Are sharp objects (pocketknives, nail scissors, etc.) out of your child's reach?			
22.	Are small objects, which could be choking hazards, safely stored out of your child's reach?			
BATHROOM		Yes	No	N/A
23.	Is there a nonskid bathmat on the floor?			
24.	Is there a nonskid surface, mat or decals in the bathtub?			
25.	Are the electrical outlets protected with Ground Fault Circuit Interrupters (or covered with plug protectors)?			
26.	Are medicines and cosmetics stored well out of child's reach?			
27.	Are hair dryers, curling irons and other electrical appliances unplugged and stored well out of reach?			
GENERAL SAFETY		Yes	No	N/A
28.	Are all firearms secure?			
29.	Are all cleaning agents out of reach or secured?			
30.	Are medications, alcoholic beverages, poisons, and cleaning supplies inaccessible to small children?			
31.	Are ammunition and unloaded firearms stored separately?			
32.	Are first aid supplies available?			
33.	Is the child's access to potentially dangerous animals restricted?			
34.	Are pet and child always supervised when together?			
35.	Is the plumbing in working order?			
36.	Has the house (if built before 1978) been checked for lead paint?			
37.	Are buckets of water disposed of after use?			
38.	Are all electric cords out of children's reach?			
39.	Is exposure to secondhand smoke prohibited from your children?			

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KITCHEN				Yes	No	N/A
40.	Are knives and other sharp tools kept out of reach of children or in a latched drawer?					
41.	Are hot foods placed away from the edge of counters or tables?					
42.	Are back burners used while cooking, or handles turned toward the back of the stove when front burners are used?					
FIRE SAFETY				Yes	No	N/A
43.	Is the fireplace or chimney in working order?					
44.	Are smoke alarms inside and outside each bedroom and sleeping area, and installed on every level including the basement?					
45.	Are the smoke alarms checked monthly to ensure proper working order, with batteries changed as needed?					
46.	Does the family have a fire evacuation plan?					
47.	Are there 2 unrestricted exit doors?					
48.	Is there a window in each bedroom?					
49.	Does the family have a fire extinguisher?					
OTHER				Yes	No	N/A
50.	When riding in a vehicle, is your child always in a car seat appropriate for his/her age, height, and weight in the back seat?					
51.	Does the family have a carbon monoxide detector?					

EDUCATION PROVIDED	
Any 'No' answer warrants attention and education. Date education given: _____	
<i>In the Know</i> Childproofing Checklist Resources: (Check the resources reviewed)	
<input type="checkbox"/>	Making Your Child's Changing Area a Safe Place
<input type="checkbox"/>	Making Your Child's Sleeping Area a Safe Place
<input type="checkbox"/>	Protecting Your Child from Choking and Suffocating Hazards
<input type="checkbox"/>	Protecting Your Child from a Major Fall
<input type="checkbox"/>	Preventing Electrical Injuries
<input type="checkbox"/>	Protecting Your Child from Harmful Substances
<input type="checkbox"/>	Preventing Cuts
<input type="checkbox"/>	Water Safety
<input type="checkbox"/>	Protecting Your Child from Burns
<input type="checkbox"/>	Maintaining Firearms, Ammunition, and Other Weapons Safely
<input type="checkbox"/>	Pet and Animal Safety
<input type="checkbox"/>	Promoting Fire and Carbon Monoxide Safety
List other resources and materials provided:	

Parent/Legal Guardian Signature: _____ Date: _____
 Home Visitor Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Data Entered: ____ / ____ / ____ Initials: _____