

Parent Name: _____ Date: _____ Staff: _____

Parent Safety Questionnaire for children 1-2 years old

Fire Risk	Yes	No
Do you have a smoke alarm and does it work?		
Have you checked or changed the battery in your smoke detector within the last 6 months?		
Do you have a carbon monoxide alarm and does it work?		
Do you smoke?		
Burn Risk		
Do you know how hot the water is that comes out of your hot water faucet? (That is, what is the temperature setting on your hot water heater?)		
Do you or someone else hold your child while cooking or holding a hot liquid? (for example, holding a coffee cup or pan of hot water)		
Are all of your electrical outlets plugged with child resistant covers?		
Fall Risk		
Do you ever leave your child alone on a bed, table, or countertop?		
Is your child ever left alone in a high chair, swing, or stroller <u>without</u> being fully strapped in?		
Does your playground and the community playground equipment have at least 6 inches of padding underneath it and do you supervise them at all time while they are on the equipment?		
Is their a gate in front of all stairs to prevent falls?		
Is all furniture moved away from windows to prevent children from climbing up near the window and are stop guards available second story and higher windows?		
Choking/Suffocation Risk		
Does your child play with toys that are small enough to fit all the way into their mouth?		
Do you leave plastic bags, balloons, or small objects within child's reach?		
Does your child eat any of the foods that are choking hazards?(nuts, raw carrots ,popcorn, sunflower seeds ,hard candy, hot dogs, grapes)		
Do all window blind cords have a limiter on them to keep children from playing with them?		
Motor Vehicle Injury Risk		
Do you have the appropriate car seat for your child? Do you use it every time you drive?		
Have you had your child's seat inspected by a certified technician?		
Do you leave your child unattended in the car, even for a moment?		
Drowning Risk		
Is your child ever left alone in a tub of water, even for a moment, without an adult present?		
Does your child have access to standing water such as water left in bathtub, bucket or pool?		
Is your swimming pool (or one in the neighborhood/apartment complex) completed, fenced and have a locking gate?		
Do you allow your child to play near ANY water unsupervised?		
Environmental risks		
Do you allow your child to play or ride a bike near the street?		
Do you allow your child to play in the yard while mowing the lawn?		
Do you own a dog?		
Do cabinets with medicines and cleaners in them have locks or are they stored out of reach?		
Are all poisonous plants removed from the home and garden or out of reach of children?		
If you own a gun is it locked an stored away from the ammunition?		
OTHER: Has the child been injured before including a brain injury or concussion? Do they have a developmental disability? Does the home have more than one child? Does the home have domestic violence, substance abuse or other mental health issues?		
* These questions should be applied to any home you leave your child in for care or that you visit.		

Any questions answered "yes" place you child at risk for the biggest causes of injury for your child at this age. For more information on injury prevention, contact your pediatric physician or visit www.carolinasinjuryprevention.com.

** This checklist does not cover all the risk factors for a child at this age and should not replace the advice of a pediatric physician. Likewise, answering "no" to any of the questions does not guarantee that the child will not suffer harm or will avoid danger.*

