

Family Name: _____

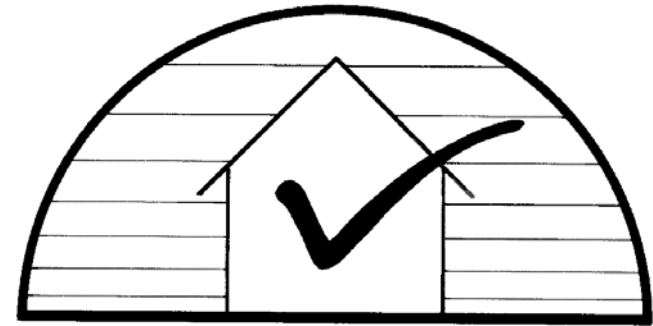
Date: _____

This booklet may be downloaded from the MDH website:
www.health.state.mn.us/divs/fh/mch/homevisit

This document may be made available, upon request, in an alternative format, please call (651) 215-8960 for further information.

You may access the Minnesota Relay by dialing 7-1-1 or you may call 1-800-627-3529 (Voice, TTY, ASCII) 24-hour Customer Service 1-800-676-3777 (Voice, TTY, ASCII)

Minnesota Relay website:
www.commerce.state.mn.us/pages/MNRelayMain.htm



Home Safety Checklist

Booklet



**Minnesota Department of Health
Family Health Division**



KITCHEN

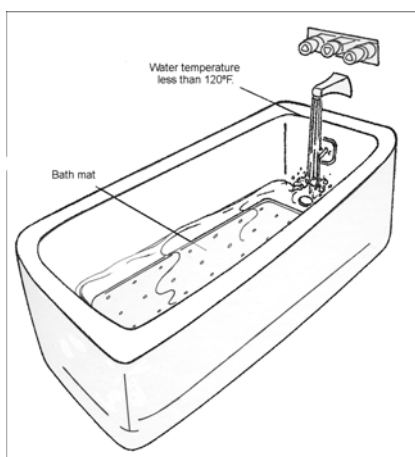
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|-----|--|-----|--------------------------|
| *1. | Are cleaning supplies stored separately and out of a child's reach or in a cabinet with a safety latch or lock? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 2. | Are vitamins and medicines stored out of a child's reach or in a cabinet with a safety latch or lock? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| *3. | Are knives, scissors, and other sharp objects kept out of a child's reach or in a cabinet or drawer with a safety latch or lock? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 4. | Are coffee, hot liquids, and hot food placed out of a child's reach? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |



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| 5. | Are small appliances unplugged and put away when not in use? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 6. | Are back burners used for cooking and are pot handles turned toward the back? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 7. | Is the microwave properly used and is food tested for temperature before feeding or being eaten? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |



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| *8. | Is the hot water adjusted to 110° - 120° F. to prevent tap water scalds? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 9. | Are medicines and vitamins stored out of a child's reach or in a cabinet with a safety latch or lock? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |



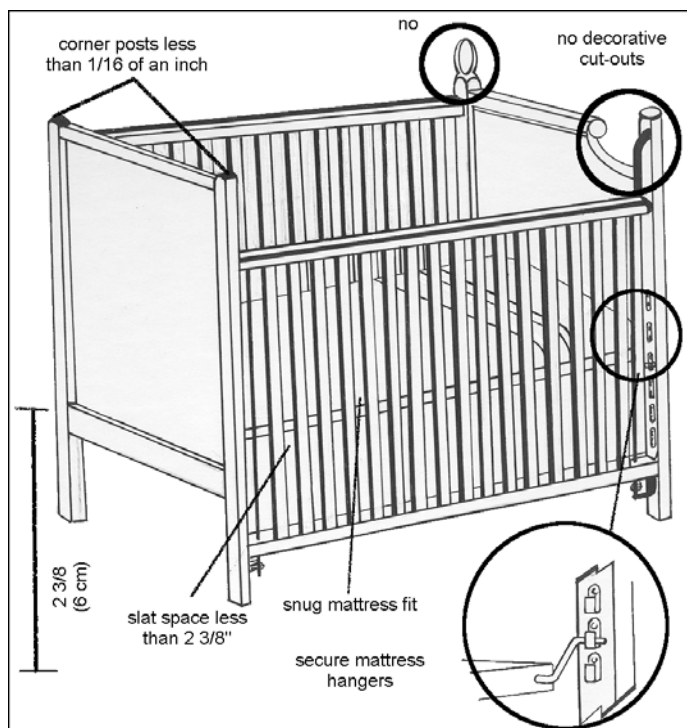
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| 10. | Are electrical appliances (curling iron, hair dryer, space heater) kept away from water, unplugged after each use, and out of a child's reach? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Is a child in a bathtub always watched by an adult? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *12. | Are there non-skid strips or a mat on the floor of the bathtub? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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|------|--|------------------------------|-----------------------------|
| *13. | Is the baby always placed on his/her back to sleep? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *14. | Does the baby always sleep alone in a safe crib-type bed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *15. | Is the baby's bed free of pillows, soft fluffy blankets, quilts, comforters, and stuffed toys? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *16. | Is the crib mattress firm and snugly fit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *17. | Are crib slats no more than 2 3/8 inches (6 centimeters apart)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. | Are windows locked or blocked to keep a child from falling out? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

19. Are toys free from loose parts, sharp edges or points, and long cords? Yes ☐
No ☐
20. Are toddler gates properly installed? Yes ☐
(Accordion type gates should not be used.) No ☐
21. Is this statement true? "I do not use or plan to use a baby walker." Yes ☐
No ☐



43. Have you developed and practiced a fire escape plan in your home? Yes ☐
(Make a plan with two ways out of every bedroom, choose an outside meeting place, and practice it at night.) No ☐
44. Do you close bedroom doors at night for sleeping? Yes ☐
No ☐
45. Do children, over age three in your home, know how to "stop, drop and roll" if their clothes catch on fire? Yes ☐
No ☐
- *46. Is this statement true? "No one in this home smokes." Yes ☐
No ☐
47. Are matches and lighters away from a child's reach? Yes ☐
No ☐
48. Do adults wear seatbelts while riding in motor vehicles? Yes ☐
No ☐
49. Are age-appropriate child safety devices used when children are riding in motor vehicles? Yes ☐
No ☐
50. Do you check your garage door opener (to be sure it reverses the door when striking an object) once a month? Yes ☐
No ☐
51. Is this statement true? "In the last three months, no child in the home has been injured." Yes ☐
No ☐

Yes – Stop

No – (Optional – complete the injury report section on the Data collection tool)

Place a smoke detector on each level of the home and near each sleeping area. Smoke detectors should be mounted on the ceiling at least 4 inches from a wall, or on a wall with the top of the detector between 4 inches and 12 inches below the ceiling.

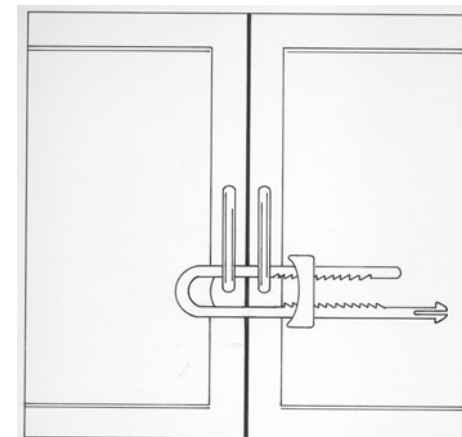
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| 37. | Do you have Syrup of Ipecac in your home in case of poisoning? (Do not give it to your child unless told to do so by a doctor or poison center professional.) | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| *38. | Do you have safety latches on cabinets and drawers that contain dangerous items? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 39. | Are there flashlights in good working condition in your home? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| *40. | Do you have shock prevention plugs or covers on unused electrical outlets? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 41. | Do you have 911 stickers, poison control numbers, and other emergency numbers near your telephones? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |



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| 42. | Are there at least two ways to get out of your house or apartment in case of fire or other emergency? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |



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|------|--|-----|--------------------------|
| *22. | Are electrical cords in safe condition and beyond a child's reach? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 23. | Are plants, chemicals, medicines, alcohol and tobacco placed out of a child's reach? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 24. | Are basement doors, sheds, and garage entrances latched so that children cannot enter? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| *25. | Are plastic bags, balloons, small pieces of food, small objects, small toys, and long or hanging cords out of a child's reach? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 26. | Are all space heaters UL approved in safe condition and away from children? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |



27. Is your fireplace or wood-burning stove in safe condition and from children? (Stove, stovepipe, and chimney should be inspected yearly.) Yes ☐
No ☐
28. Are stairs, walls, railings, porches, and balconies sturdy and in good repair? Yes ☐
No ☐
29. Are walkways in rooms, halls, and stairways clear and well lit? Yes ☐
No ☐
30. Is your house or apartment free of any chipping or peeling paint? (Children can be poisoned by lead paint.) Yes ☐
No ☐
31. Are guns or rifles and ammunition stored safely? (Guns should be stored unloaded with guns and ammunition in separate locked cabinets.) Yes ☐
No ☐



- *32. Are poisonous materials, gasoline, and other flammable liquids stored in original or UL approved containers and out of a child's reach? Yes ☐
No ☐
- *33. Is play equipment securely anchored, on a safe surface (bark, sand, or pea gravel), and free from breaks, loose parts, rust, or splinters? Yes ☐
No ☐

- *34. Is standing water (pools, ditches, wells, 5 gallon buckets) inaccessible to unsupervised children? Yes ☐
No ☐
35. Are stairs, walkways and yard clear of objects and well lit? Yes ☐
No ☐



- *36. Do you have working smoke detectors properly placed? Yes ☐
No ☐

