



Date Administered: _____
Early Track ID#: _____
Child's Name: _____
Child's Current Residence: _____

Help Me Grow Safety Checklist

- 1. Does the family have a smoke detector with working batteries on each floor of the residence?**

Yes, no assistance needed
 Don't know
 No, please specify: _____
 Family choice
 Financial reasons
 Need more information
 Other: _____

What action is being taken from here?

None
 Referred for assistance
 Our agency is directly providing necessary resources
 Other
Specify (for any response, including referral to): _____

- 2. Does the family lock chemicals away from all children in the home?**

Yes, no assistance needed
 Don't know
 No, please specify: _____
 Family choice
 Financial reasons
 Need more information
 Other: _____

What action is being taken from here?

None
 Referred for assistance
 Our agency is directly providing necessary resources
 Other
Specify (for any response, including referral to): _____

- 3. Have precautions been taken to prevent lead poisoning?**

Yes, no assistance needed
 Don't know
 No, please specify: _____
 Family choice
 Financial reasons
 Need more information
 Other: _____

What action is being taken from here?

None
 Referred for assistance
 Our agency is directly providing necessary resources
 Other
Specify (for any response, including referral to): _____

- 4. Are all windows and doors in the home in good working order and secured as needed so that children cannot walk or crawl into dangerous places?**

Yes, no assistance needed
 Don't know
 No, please specify: _____
 Family choice
 Financial reasons
 Need more information
 Other: _____

What action is being taken from here?

None
 Referred for assistance
 Our agency is directly providing necessary resources
 Other
Specify (for any response, including referral to): _____



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5. **Does the family practice safe sleeping habits with their children?**

- Yes, no assistance needed
- Don't know _____
- No, please specify:
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance to
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

6. **Have all electrical outlets in the home that are within reach of children been child-proofed?**

- Yes, no assistance needed
- Don't know _____
- No, please specify:
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

7. **Does the family use appropriate child restraints when traveling?**

- Yes, no assistance needed
- Don't know _____
- No, please specify:
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

8. **Does the parent use successful strategies to ensure that their children are safe when others are babysitting or providing childcare for their children?**

- Yes, no assistance needed
- Don't know _____
- No, please specify:
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____



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9. **Does the family ensure that their children live and play in a smoke-free environment?**

- Yes, no assistance needed
- Don't know _____
- No, please specify: _____
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

10. **Does the family use successful strategies to prevent their children from drowning?**

- Yes, no assistance needed
- Don't know _____
- No, please specify: _____
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

11. **Does the family use successful strategies to prevent burn injuries?**

- Yes, no assistance needed
- Don't know _____
- No, please specify: _____
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

12. **Does the family use successful strategies to prevent falls?**

- Yes, no assistance needed
- Don't know _____
- No, please specify: _____
 - Family choice
 - Financial reasons
 - Need more information
 - Other: _____

What action is being taken from here?

- None
 - Referred for assistance
 - Our agency is directly providing necessary resources
 - Other
- Specify (for any response, including referral to): _____

