

Safe Kids Chatham Home Safety Partnership Program Checklist

Prior to your home visit with your client(s), please use this screening form to determine the items that are most appropriate for your client to meet their home safety needs.

Client Zip Code:			
Screening Questions	Responses	Items Given?	Handout Reviewed?
Do you have children ages 0-5 in your home? If yes, please list their ages.			
How does your infant normally sleep? In a crib, or pack and play, alone or with an adult or sibling, or other location?	If an unsafe sleeping arrangement is identified, please reach out to Chatham Public Health for assistance with a pack and play (919-742-5641). Review Safe Sleep handout with family.	N/A	
Does your infant currently sleep with blankets or other objects?	If yes, offer a sleep sack appropriate for the infant's age and size. Review Safe Sleep handout with family.		
Are there any firearms in the home or vehicles? If yes, how are they stored? Unloaded, locked (in box or with lock), stored separate from bullets?	If firearms are not safely stored, offer a cable gun lock . Review Firearm Safety handout with family. Refer to local law enforcement if family needs assistance utilizing the gun lock.		
Are there any stairwells, easy to open doors, or other areas of the home that could be potentially dangerous for a child?	If yes, offer a baby gate and/or doorknob covers . Review Childhood Falls handout with family.		
Do the children who live with your use the bathtub to take baths or showers?	If yes, offer a bathtub thermometer, bath spout cover, and/or non-slip bath applique packet. Review Fire and Burn Safety and/or Childhood Falls handout with family.		
Does your home have outlet plug covers?	If no, supply family with the appropriate amount of outlet covers .		N/A

Screening Questions	Responses	Items Given?	Handout Reviewed?
How are medications and other potentially harmful substances stored in your home? Potential items include: Prescription or over-the-counter medications, tobacco products, vapes, edibles/gummies, syringes	If items are not safely stored, offer cabinet locks and/or a lock box . There are 2 types of cabinet locks to choose from (latch, magnet). <i>Review Medicine Safety and/or Overdose Prevention handouts with family.</i>		
Do any household residents take prescription medications? How are they normally disposed of?	If yes, offer chemical medicine disposal bags . <i>Review Medicine Safety and/or Overdose Prevention handouts with family.</i>		
Are there any cupboards or refrigerators in your home that contain alcohol or other potentially harmful substances?	If yes, offer a refrigerator lock . There are three types to choose from (w/o adhesive, key, combination). <i>Review Medicine Safety handout with family.</i>		
Are there working smoke alarms on each level of your home? Do you need help with batteries, installation, or a new smoke alarm?	If yes, connect the family with their local fire department or the Chatham County Fire Marshal's Office. <i>Review Fire and Burn Safety handout with family.</i>	N/A	