

**Safe Kids Home Safety Partnership Program Checklist/Screening Questions**

*Please use this screening form to determine the items that are most appropriate for your client's family 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 <b>review <i>Safe Sleep handout with family.</i></b>	N/A	
Does your infant currently sleep with blankets or other objects?	If yes, offer a <b>sleep sack</b> appropriate for the infant's age and size. <b>Review <i>Safe Sleep handout with family.</i></b>		
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 <b>gun lock</b> . <b>Review <i>Firearm Safety handout with family.</i></b> Refer to local law enforcement if family needs assistance using 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 <b>baby gate and/or doorknob covers</b> . <b>Review <i>Childhood Falls handout with family.</i></b>		
Do the children who live with your use the bathtub to take baths or showers?	If yes, offer a <b>bathtub thermometer, bath spout cover, and/or non-slip bath applique</b> packet. <b>Review <i>Fire and Burn Safety and/or Childhood Falls handout with family.</i></b>		
Does your home have outlet plug covers?	If no, supply family with the appropriate amount of <b>outlet covers</b> .		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 <b>cabinet locks and/or a lock box. Review Medicine Safety and/or Overdose Prevention handouts with family.</b>		
Do any household residents take prescription medications? How are they normally disposed of?	If yes, offer <b>chemical medicine disposal bags or packets. Review Medicine Safety and/or Overdose Prevention handouts with family.</b>		
Are there any cupboards or refrigerators in your home that contain alcohol or other potentially harmful substances?	If yes, offer a <b>cabinet or refrigerator lock</b> (choose key or combination). <b>Review Medicine Safety handout with family.</b>		
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, offer the <b>Smoke Alarm Assistance flyer</b> and ask the family to complete the survey via QR code (English or Spanish) for assistance from Orange or Chatham County Emergency Services. <b>Review Fire and Burn Safety handout with family.</b>		

*The Orange County Community Paramedics can also assist families who reside in Orange County with the installation of any of the above items directly in homes. Please refer any client who may need assistance to fill out this form via QR code or link: <http://tinyurl.com/SKOC-Referral> or contact them directly to arrange an appointment.*

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