

## "When your health really matters."

## Safety Survey Preschool Through Kindergarten Age (2\_ through 6 years)

Name		Date						
Instru	nstructions to parents: Please circle the best answer.							
1.	Do you keep electrical appliances and cords out of reach?	Never	Sometimes	Always				
2.	Do you keep matches out of reach?	Never	Sometimes	Always				
3.	Do you have a plan for escape from the house in the event of fire?	No		Yes				
4.	Do you have working fire extinguishers in your house?	No		Yes				
5.	Do you have a screen for the fireplace?	No		Yes				
6.	Do you have <u>working</u> smoke detectors in the house?	No		Yes				
7.	How often do you check them?	Never	Occasionally	Monthly				
8.	Does your child ever ride on a lawnmower, or is he/she in the yard while it's being operated?	Yes	Sometimes	No				
9.	How often do you check the heating system in your home?	Never	Every few years	Once a year				
10.	Do you have a carbon monoxide detector in your home?	No		Yes				
11.	Do you keep handles of pots and pans turned toward the back of the stove?	Never	Sometimes	Always				
12.	At what temperature is your water heater set?	Greater than 120°		Less than 120°				
13.	Do you keep guns or air rifles in your house?	Yes	Don't know	No				
14.	Is there a pool, spa, pond, or stock tank in or near your yard?	Yes		No				
15.	Do you allow your child to swim unsupervised?	Frequently	Occasionally	Never				
16.	How well does your child swim on his/her own?	Can't	Not very well	Excellent				
17.	Have you taught your child about street and driveway safety?	No		Yes				
18.	Have you taught your child basic bicycle safety rules?	No	Some	Yes				
19.	Does your child wear a helmet while riding a bicycle, tricycle, big wheels or rollerblading?	No	Don't know	Yes				
20.	Do you leave your child alone in the car?	Sometimes		Never				
21.	Where do you seat your child in the car?	Front	Front or rear	Rear				

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22.	Has you child's blood level been tested?	No	Don't know	Yes
23.	How often does your child use a seat belt or car seat?	Never	Sometimes	Always
24.	Is the car seat used <u>exactly</u> as label instructions (snug harness, seat belt of car in correct spot, shoulder tether if needed)?	Never	Sometimes	Always
25.	Does your child ever ride in the bed of a pickup?	Yes	Sometimes	Never
26.	Do you check your child's toys for safety hazards?	Never	Sometimes	Always
27.	Do you check outdoor play areas/ground for hazards?	Never	Sometimes	Always
28.	Is the playground covered with concrete?	Yes	Don't know	No
29.	Does your child ever play with darts or bows and arrows?	Frequently	Occasionally	Never
30.	Does your child ever ride on all-terrain vehicles (ATV's)?	Yes		No
31.	Does your child play unsupervised around dogs?	Yes	Sometimes	No
32.	Would you know what to do if your child were choking?	No	Not sure	Yes
33.	Are any of your babysitters under 13 years old?	Yes	Don't know	No
34.	Does anyone in your home smoke in bed?	Yes	Occasionally	Never

Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.





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