

## "When your health really matters."

## Safety Survey Toddlers (13 months to 2½ years )

Name		Date				
Instru	Instructions to parents: Please circle the best answer.					
1.	Do you leave your child alone in the house?	Frequently	Occasionally	Never		
2.	Do you have safety plugs on unused electrical outlets?	None	Some outlets	Yes		
3.	Are any of your babysitters less than 13 years old?	Yes	Don't know	No		
4.	Has your child's blood lead level been tested?	No	Don't know	Yes		
5.	Do you keep plastic wrappers, bags, balloons, peanuts and other small objects out of the reach of your child?	Never	Sometimes	Always		
6.	Do you feed your child foods such as carrots, hot dogs, grapes or popcorn?	Yes	Sometimes	No		
7.	Would you know what to do if your child were choking?	No	Not sure	Yes		
8.	Do you have mechanical garage door openers?	Yes		No		
9.	Do you keep guns or air rifles in your house?	Yes	Don't know	No		
10.	Are your window screen or guards in good condition?	No	Some	Yes		
11.	Do you place gates at the top and bottom of stairways?	Never	Sometimes	Always		
12.	Do you have a carbon monoxide detector in your home?	No		Yes		
13.	Have any of your children even had an accident requiring a visit to the doctor or hospital?	Yes How many visits?		No		
14.	Do you check for safety hazards in homes of friends or relatives where your child may play?	Never	Sometimes	Always		
15.	Does your child ride on or is he/she in the yard while your operate a power lawnmower?	Always	Sometimes	Never		
16.	Do you keep household products, medicines (including Tylenol and iron) and sharp objects out of reach?	Never	Sometimes	Always		
17.	Do you store household products in empty soda bottles, glasses or jars?	Always	Sometimes	Never		
18.	Do you have safety caps on all bottles of medicine?	Never	Sometimes	Always		

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19.	Is the Poison Control Center hotline number
	posted by your phone?

- 20. Is there a pond, stream, swimming pool, stock tank, or spa near your yard?
- 21. Do you have <u>working</u> smoke alarms in your home?
- 22. How often do you check them?
- 23. Is your child supervised around animals?
- 24. How often do you check the heating system in your home?
- 25. Do you have a plan for escape from the house in the event of a fire?
- 26. At what temperature is your water heater set?
- 27. What restraint does your child use when riding in the car, van, or pickup truck?

28. Do you always buckle the car seat tightly through the safety seat frame, following the directions on the label exactly?

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No		Yes
Yes		No
No		Yes
Never	Occasionally	Monthly
No	Sometimes	Always
Never	Every few years	Once a year
No		Yes
Greater than 120°	Don't know	Less than 120°
None	Seat Belt	Car seat
No	Sometimes	Yes

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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