

Charlotte Pediatric Clinic
Infant and Toddler Safety Questionnaire (0-2 years)

Date: _____

Name: _____

Reviewed By: _____

Chart #: _____

	YES	NO	Comments	
1) Does your child have a REAR-facing car seat?			Rear-facing recommended until 2 years.	
2) Is your child exposed to second-hand smoke at home?			ALWAYS keep the smoking out of the house AND car.	
3) Is your water-heater over 120 degrees?			Keeping your water heater under 120 dgrees helps prevent accidental burns.	
4) Do you have a pool in your yard?			Should be fenced, locked.	
5) Do you have a playground in your yard?			Playgrounds need 9-12 inches of play-ground mulch. This decreases risk of arm fractures by 75%	
6) Are there guns or weapons in the home?			Guns and weapons have to be locked-up and unloaded.	
7) Does your child have a TV or computer in their room?			Increases risk for obesity and speech delay.	
	ALWAYS	SOMETIMES	NEVER	Comments
8) Do you apply sunscreen on your child?				If less than 2 months no direct sun between 10:00AM-4:00PM
9) Does your child sleep on his/her back (0-6 months)?				Infants sleeping on their backs reduces the risk of SIDS!!!
10) Does your infant have tummy-time (0-6 months)?				Please have tummy-time to avoid mishapen heads.
11) Is your child supervised while in the bathtub?				In this age group, the kids are at risk for accidental drowning.
12) How many times do you brush his/her teeth a day?	2	1	0	If your child has teeth, brush twice a day.