

**Charlotte Pediatric Clinic**

**INFANT & TODDLER SAFETY & PRECAUTION QUESTIONNAIRE (0-2 years)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Chart #: \_\_\_\_\_

	YES		NO		N/A
1) Does your <b>infant/toddler</b> have a <b>rear</b> facing car seat?					
2) Is your child exposed to second hand smoke in the home?					
3) Is your water heater turned down to <120 degrees?					
4) Do you have a pool in your yard?					
5) Do you have a playground in your yard?					
6) Are there guns or weapons in the home?					
7) Does your child have a TV in their room?					
	ALWAYS	SOMETIMES	NEVER	N/A	COMMENTS
8) How often do you apply sunscreen on your child?					
9) Does your infant sleep on his/her back? <b>0-6months</b>					
10) Does your infant have tummy time? <b>0-6months</b>					
11) Is your child supervised while in the bathtub?					
12) How many times do you brush your child's teeth a day?	0x	1x	2x	>2x	