

State of Illinois
Department of Children and Family Services
HOME SAFETY CHECKLIST FOR CHILD PROTECTION SPECIALISTS

INSTRUCTIONS FOR COMPLETING THE HOME SAFETY CHECKLIST

1. WHY COMPLETE THE CHECKLIST

Every year, 120,000 children 14 years of age and younger suffer some form of permanent damage due to unintentional/accidental injuries. Infants and toddlers are at high risk of unintentional injury or death due to their inability to recognize and react to protect themselves from the danger. According to data from the National SAFE KIDS Campaign:

- Accidental or unintentional injury is the leading cause of death among children, teens and young adults.
- The five leading causes of accidental injury are drowning, burns, motor vehicle accidents, falls, and poisonings.
- Burns and fires are the fourth most common cause of accidental death in children.
- Nearly 75 percent of all burns in children are preventable.
- Nearly 2,900 adults and children die every year in fires or from other burn injuries.
- The majority of children ages four and under, who are hospitalized for burn-related injuries, suffer from scald burns (65 percent) or contact burns (20 percent).
- Hot tap water burns cause more deaths and hospitalizations than burns from any other hot liquids.
- Nearly one child a month dies after becoming entangled in a window covering cord.

Fire/burns, motor vehicle traffic accidents, suffocation and accidental falls are the leading causes of unintentional deaths of children under the age of five in Illinois. Numerous Illinois children also die each year as a result of domestic violence.

While it may be impossible to eliminate all the dangers children encounter in their homes, one of the most important factors in reducing those dangers is parent education. The **Home Safety Checklist**, when properly used with parents and caregivers, provides an effective home safety assessment and educational tool that will assist in promoting the safety of children.

2. WHEN TO COMPLETE THE CHECKLIST

Child Protection Specialists (CPS) shall complete the **Home Safety Checklist**:

- At the time of an initial investigation when there is an allegation of inadequate shelter, inadequate supervision, substance misuse, inadequate food or environmental neglect.
- Prior to the completion of any formal child abuse or neglect investigation unless there is an open service case.
- When the parent places his or her child with a relative or non-related family as part of a safety plan. The Home Safety Checklist is completed in the child's placement environment.
- Prior to the Department's placement of a child or youth with an unlicensed relative. The Home Safety Checklist is completed in the child's placement environment.
- At the conclusion of the formal investigation in conjunction with the final CERAP, unless temporary custody is granted or there is an open intact case or assigned caseworker.

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Child protective service workers are **not required** to complete the **Home Safety Checklist**:

- When the investigation involves child abuse and neglect in schools.
- When the investigation involves child abuse and neglect in childcare facilities.
- When the report involves multiple perpetrators and children (e.g., mass molestation investigations).
- When the alleged perpetrator does not reside in the home of the involved children (However, a Home Safety Checklist must be completed on the alleged perpetrator's home if minor children reside in the home.).
- In situations when protective custody is taken as the result of a court order, reasons of child safety or any situation where a worker feels threatened.
- When the investigation involves a family with an open service case with the Department.

In situations where the family has an open case with the Department, the Child Protection Specialist or the Child Protection Supervisor shall notify the family's assigned intact or permanency worker or the workers supervisor of the subsequent oral report (SOR) within 48 hours after assignment of the investigation. The notification shall include the reminder that the intact or permanency worker must complete a new checklist or re-certify the family's previous checklist within **14 days** of the SOR date and provide the documentation to the Child Protection Specialist.

A **Home Safety Checklist waiver** may be granted by the Child Protection Supervisor if there is an SOR and the family does not have an open service case with the Department; and a checklist was completed for the family within 30 days; and the allegation or allegations of the SOR do not involve inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, or inadequate clothing. The Child Protection Supervisor must complete a supervisory note documenting the waiver and rationale for the approval.

A **Home Safety Checklist re-certification** may be granted by the Child Protection Supervisor if the checklist was completed within six months of the SOR; and the SOR does not involve an allegation or allegations of inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, inadequate clothing; and the Child Protection Specialist has completed a walk through of the family's home to confirm that the conditions of the home have not changed. The Child Protection Supervisor must complete a supervisory note documenting the approval for re-certification and the rationale for approval.

Note: When there is an allegation of inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food or inadequate clothing the checklist should be completed at the time the Safety Determination Form, CFS 1441, is completed.

3. HOW TO COMPLETE THE CHECKLIST

The **Home Safety Checklist** addresses eight categories of home safety. Each category is supported by safety standards, literature, and straightforward factual information that should be shared with the parent/caregiver. Use the factual information and literature associated with each category to establish an instructive dialogue to educate the family on safety issues.

There are three activities required for each standard:

1. Discuss the safety standard with the parent/caregiver;
2. Indicate the presence or absence of the safety standard;
3. Provide the parent/caregiver with seven pieces of literature: *PARENTS' GUIDE to Fire Safety for Babies and Toddlers*, *A Helpful Guide for Parents and Caregivers*, *Back to Sleep*, *Get water wise...SUPERVISE*, *Never Shake a Baby!*, *Practice Methadone Safety* (only if applicable) and *Violence Prevention*. This literature can be ordered from Central Stores.

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Example: once you have discussed the importance of having a working smoke detector and observed that the family has a smoke detector located near their sleeping areas and the smoke detector works, circle “**Yes**” after the standard: **The home has a working smoke detector located near the family’s sleeping areas**. If the family does not have a working smoke detector or has a smoke detector that does not work, circle “**No**”. A “**No**” response requires a brief explanation in the Comments section.

When the parent/caregiver is provided the fire safety literature, circle “**Yes**” to indicate that the required fire prevention literature was provided. The Sleeping standard also requires a comment when a worker does not observe a crib or bassinette for infants age 1 or younger. Some standards are age specific. For example, the standards that discuss burns may not be applicable to older children. When the standard does not apply circle “**N/A**”.

When a standard requires the observation of a specific item or items (e.g., smoke detectors, small electrical appliances), the worker is required to complete the task if the item is readily observable. Do not open cabinets or drawers, move furniture or handle dangerous items. On the last page of the checklist there is a section to make additional comments or identify other hazards.

The home safety assessment is a service provided to the children and families served by the Department. In order for the **Home Safety Checklist** to be effective, the responsibility for its completion must be shared with the parent/caregiver. Use the information provided at the top of page one of the instructions to explain the purpose of the assessment, provide the parent/caregiver a copy of the **CFS 2026 or 2026-S** (Spanish adaptation), **Home Safety Checklist for Parents and Caregivers**, to use during the assessment, to take notes on and retain for future reference. The formats of the **CFS 2027** and **CFS2026/2026-S** differ; use the prompts provided on the **CFS 2027** to locate the corresponding **CFS 2026/2026-S** sections. Sign, date and have the parent/caregiver sign the completed assessment. If the parent/caregiver declines the opportunity to complete the checklist, check the declined box and request that the parent/caregiver verify his or her decision by signing the form. If the parent/caregiver refuses to sign the form, document the negative response on the parent’s signature line. Place the completed assessment in the investigative local index file.

Note: The CFS 2027 does not supersede any of the requirements for the completion of the CFS 1441 or CFS 454, HMR Placement Safety Checklist.

4. RESOURCES

Suggest that the family visit the following resources if they have Internet access:

- American College of Emergency Physicians, www.acep.org
- American Association of Poison Control Centers, <http://www.aapcc.org>
- American Red Cross Health and Safety Services, <http://www.redcross.org>
- National Safe Kids Campaign, <http://www.safekids.org>
- American Human Society, www.americanhumanesociety.org
- American Veterinary Medical Association, www.avma.org
- Centers for Disease Control and Prevention, www.cdc.gov
- National Center for Injury Prevention and Control, www.cdc.gov/injury/index
- United States Consumer Product Safety Commission, <https://www.cpsc.gov/>

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Date Checklist completed: _____

Parent /Caregiver Name(s): _____

Parent / Caregiver Address: _____

Names and ages of Children in the Home:

FIRE AND BURNS

Please circle your answers.

PARENTS' GUIDE to Fire Safety for Babies and Toddler

Literature Given: Yes No

A HELPFUL GUIDE for PARENTS and CAREGIVERS

Literature Given: Yes No

A functioning smoke detector was observed in the home.

Yes No

Comments:

1. The home has a working smoke detector near the family's sleeping areas.

Discussed with parent? Yes No

Young children in Illinois are more than three times as likely to die in a residential fire than the rest of the state's population. Working smoke detectors save lives! Instruct the family to change smoke detector batteries when they reset their clocks; **SPRING AHEAD** and **FALL BACK**. A smoke detector will be provided at no cost to the parent/unlicensed caregiver. This standard corresponds to number 2 on the **CFS 2026/2026-S**.

2. Preschoolers and younger children do not have access to matches or lighters.

Discussed with parent? Yes No N/A

3. The stove oven or burners are not used to heat the home.

Discussed with parent? Yes No N/A

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Forty percent of residential fire related deaths among children are caused by child fire-play. Up to two thirds of child fire-play victims are not the children who were playing with and/or started the fire. Supervision of children will prevent fire-play as well as other accidents. Home heating systems are a leading cause of home fires, and alternative home heating sources such as electric space heaters, kerosene heaters and wood stoves are a major cause of fire deaths. Keep alternative heating sources three feet from combustible materials such as furniture, curtains, blankets, paper, and walls. Never fill a kerosene heater with gasoline or camp stove fuel; both flare-up easily. Only use crystal clear K-1 kerosene. These standards correspond to numbers 6 & 7 on the **CFS 2026/2026-S**.

4. Pot handles are always turned towards the back of the stove when they are on the stove.	Discussed with parent?	Yes	No	N/A
5. Electrical appliances (e.g., hair dryers and irons) are kept out of the reach of children.	Discussed with parent?	Yes	No	N/A

The majority of scald burns to children, especially among those ages six months to two years, are from hot foods and liquids spilled in the kitchen. Kitchens can be especially dangerous for children during meal preparation. Hot items such as coffee, tea, water, food, pots and pans, and lit cigarettes should never be left on a table, countertops or stove tops within the reach of a child. Parents/caregivers should not hold children while they are cooking. This standard corresponds to numbers 9 and 10 on the **CFS 2026/2026-S**. Children have been burned by appliances they have pulled down onto themselves. Children have also electrocuted themselves by dropping appliances into water. This standard corresponds to number 10 and 11 on the **CFS 2026/2026-S**.

SLEEPING

Back to Sleep Literature Given: Yes No

Observed individual crib/bassinet for all infants, age 1 year or younger. Yes No

Comments:

6. The infant sleeps alone in a crib or bassinette.	Discussed with parent?	Yes	No	N/A
7. The infant does not sleep with toys, stuffed animals or pillows.	Discussed with parent?	Yes	No	N/A
8. The infant is placed on his or her back to sleep.	Discussed with parent?	Yes	No	N/A

If there is a child under the age of one in the home, the following information must be shared with the parent/caregiver.

Infants should sleep alone in a crib or bassinette. Infants sleeping in adult beds are 20 times more likely to suffocate than infants who sleep alone in cribs. The majority of infants suffocate when another person lays over them; when they are placed on soft bedding or furniture and their face becomes trapped in the bedding; or they become wedged in a small space such as between a mattress and a wall or between couch cushions.

If the parent/caregiver is without a crib, consult with the Child Protection Supervisor about loaning the family a crib until they can obtain one of their own.

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When the infant is in the crib, the sides of the crib must be up; the mattress must be in the low position; the crib must not be placed near a window; window blinds and electrical cords must be out of the reach of the child; and pillows, stuffed animals and toys must never be left in the crib with the child. A child must never wear a pacifier on a ribbon or string placed around his or her neck. These standards correspond to numbers 15 through 17 on the **CFS 2026/2026-S**.

CHOKING

9. Plastic bags, pins, buttons, coins, balloons, sharp or breakable items are kept out of the reach of the children.	Discussed with parent?	Yes	No	N/A
10. Younger children only play with toys that are too large to swallow, unbreakable and without sharp edges or points.	Discussed with parent?	Yes	No	N/A
11. Examine all shades and blinds for accessible cords on the front, side and back. All cribs, beds, furniture and toys are positioned so that windows and window cords are inaccessible to children.	Discussed with parent	Yes	No	N/A

Food such as hot dogs, hard candy, grapes, popcorn and nuts are common culprits in choking deaths. Small toys, tiny rubber balls, too small pacifiers, and bits of balloons are common non-food choking hazards. Children are also at risk for becoming entangled in clothing hood ties, cords that control window blinds, toys strung across cribs, and strings used to attach pacifiers to clothing. Check regularly that cords are out of reach of youth children. All cribs, beds, furniture and toys should be moved away from the windows and window cords. As a general rule, any toy that can fit in a toilet paper roll is a choking hazard. These standards correspond to numbers 18 -20 on the **CFS 2026/2026-S**.

DROWNING

Get water wise.... SUPERVISE Literature Given: Yes No

12 Infants and toddlers are never left alone when near a bath, pool, bucket or toilet.	Discussed with parent?	Yes	No	N/A
13. Baby pools are drained when not in use.	Discussed with parent?	Yes	No	N/A
14. Children are always supervised when they are near water.	Discussed with parent?	Yes	No	

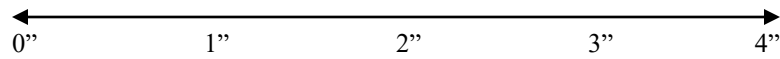
A young child can drown in as little as one inch of water. More than half of the drowning victims under the age of one drown in the bathtub during a brief lapse of supervision by the child's parent or caregiver. A child will lose consciousness within two minutes following submersion. Children must always be supervised when they are near water. These standards correspond to numbers 21 through 23 on the **CFS 2026/2026-S**.

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FALLS

15. Furniture that infants and young children can climb or crawl on is not placed near windows.	Discussed with parent?	Yes	No	N/A
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Children are more likely to die or be severely injured from window-related falls than adults. A screen is not strong enough to hold a child who is leaning against it. Screens are designed to keep insects out of the home, not to keep children from falling out the window. Children have fallen from windows that were open as little as four inches. Children crawling or jumping on beds are at risk of falling from open windows. Supervision is the key to keeping children safe from injury. This standard corresponds to number 25 on the **CFS 2026/2026-S**.



POISON

16. Cleaning products, pesticides, all medicine and liquor are kept out of the reach of children.	Discussed with parent?	Yes	No	N/A
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17. Paint is not chipping or peeling off the walls or woodwork of the home.	Discussed with parent?	Yes	No	N/A
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Poisoning in childhood is frequently due to household cleaning products, medicines, vitamin supplements, plants and cosmetics. If someone in the home is involved in a methadone treatment program, the worker must ensure that the methadone is kept in a safe place, preferably in a locked box or a cabinet, **out of the reach of children and clearly marked to prevent anyone from taking it accidentally**. Workers must remind clients that methadone is a very strong drug. A small amount can kill a child or an adult who does not have a tolerance to it. If anyone should accidentally drink the methadone, 911 must be called immediately. Workers shall verify the safe and proper storage of methadone and other substances, such as prescription and over the counter drugs, vitamins and dietary supplements, which may be fatal if taken in excess, during every regularly scheduled visit. The worker shall give a copy of the **CFS 1050-66-3, the Practice Methadone Safety brochure** (or **1050-66-3/S**) to the client and document verification of the proper storage of methadone and the above substances in a case note.

Toddlers and preschoolers may be attracted to medicines and vitamins because they resemble candy; cleaning products may look like sweet beverages; and cosmetics may smell like fruit or candy. Because young children explore the world by putting things in their mouths, poisoning is a serious risk. If you suspect your child has ingested a dangerous substance NEVER INDUCE VOMITTING, which can do more harm than good. Immediately call the National Poison Control Center Hotline at 1-800-222-1222. The most common way that a child comes into contact with lead is through peeling or chipping paint. If you suspect that the paint in your home contains lead, contact the Illinois Department of Public Health’s Childhood Lead Poisoning Prevention Program at 1-800-545-2200. These standards correspond to numbers 27, 28 and 29 on the **CFS 2026/2026-S**.

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VIOLENCE

Never Shake A Baby! Literature Given: Yes No
Violence Prevention Literature Given: Yes No

18. The parent/caregiver knows how to calm a crying infant.	Discussed with parent?	Yes	No	N/A
19. The parent/caregiver knows never to shake a baby.	Discussed with parent?	Yes	No	N/A

The number one reason given by a perpetrator for killing an infant is that the infant would not stop crying. Other reasons perpetrators have given for injuring a child is that the child wet or soiled him or herself or the child was perceived as misbehaving. Instruct the family that they should NEVER, NEVER SHAKE A BABY, and that they should remind their children’s caretakers that they should never shake a baby. These standards correspond to number 33 on the **CFS 2026/2026-S**.

Recommend that the parent/caregiver do the following when their baby is crying:

- Make sure that the baby is not hungry, wet, hot or cold, sick or in pain;
- Offer the baby a pacifier;
- Rock or walk with the baby;
- Sing or talk to the baby;
- Take the baby for a ride in his or her stroller or walk the baby in a snugly body carrier;
- Play soothing music to the baby;
- Turn on a fan. Babies often like rhythmic noises;
- If the baby is overtired, lower the lights and turn off the television or radio;
- Call a friend or neighbor to baby-sit the child for short periods of time to avoid becoming frustrated and angry; or
- As a last resort, gently place the child in his or her crib, close the door and walk away. The parent/caregiver should check on the baby every five or ten minutes until the child stops crying or until the parent/caregiver is calm enough to resume comforting the child.

20. Firearms and ammunition stored in the home are kept in separate locked locations.	Discussed with parent?	Yes	No	
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The safest home for children is one without weapons. Parents that keep firearms in the home should always store ammunition and unloaded weapons in separate, securely locked containers. The containers, if possible, should be stored in locations that are unknown and inaccessible to the children. The keys to the containers should always remain under the control of the parents. Visitors to the home, who are licensed to carry a concealed firearm, should be instructed by the parents not to bring a firearm into the home or property. Fifty percent of all childhood unintentional shooting deaths occur in the home of the victim and nearly forty percent occur in the home of a relative or friend. It is difficult for children under the age of eight to distinguish between real and toy guns. Three-year-old children have the coordination and strength to pull the trigger of many handguns. In Illinois, it is illegal to allow a 14 year old to have access to firearms if that youth does not have a Firearm Owners Identification Card. This standard corresponds to number 34 on the **CFS 2026/2026-S**.

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PETS

21. The family has pets or other animals in the home.	Yes	No	
22. The pet might be classified as a breed that is associated with fighting or other crimes.	Yes	No	N/A

According to the Centers for Disease Control and Prevention and the American Veterinary Medical Association:

- Every 40 seconds someone in the United States seeks medical attention for a dog bite-related injury.
- Dog attacks cause 4.5 million injuries annually; 800,000 of which require medical attention.
- At least 25 different breeds of dogs have been involved in the 238 dog bite-related fatalities in the United States.
- Pit bulls and rottweilers account for over half of these deaths.
- 24% of human deaths involve unrestrained dogs off of their owners' property.
- 58% of human deaths involved unrestrained dogs on their owners' property.

Dogs can be a danger to children! What parents should know.

- Children under 15 years of age are the most common victims, making up approximately 70% of all dog bite victims.
- Dog bites are a greater health problem for children than measles, mumps, and whooping cough combined.
- Young boys between the ages of five and nine are the most frequent victims.

Prevent dog attacks: What can pet owners do?

- Choose your dog carefully. Select a breed or type of dog that is appropriate for your family and home.
- Socialize your dog. Be sure your dog interacts with all members of the family, as well as people outside the family and with other animals.
- License your dog, obey leash laws, and take care to properly fence yards. Dogs that are allowed to roam loose outside the yard expand their "territory," and will often defend it aggressively.
- Neuter your dog. Neutering reduces aggression, especially in males. Un-neutered dogs are more than 2.6 times more likely to bite than neutered dogs.
- Train your dog. Basic obedience training is as important for the owner as it is for the dog.
- Maintain your dog's health. Not only is it the right thing for the dog, but it also reduces bite responses caused by pain or irritability.
- Be sure your dog is vaccinated for rabies and other diseases.
- Provide your dog with adequate food, shelter, exercise, and affection. Tethering or chaining dogs makes them feel vulnerable and increases aggression.
- Don't play aggressive games with your dog.

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OTHER OBSERVED HAZARDS

23. There are no environmental barriers or hazards to prevent a child from returning to the home	Yes	No
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The conditions of the home are sufficient to ensure the child's safety and well-being as defined in Department rules and procedures.

OTHER COMMENTS

SIGNATURES

Parent's/Caregiver's Signature: _____ Date: _____

Address: _____

Your signature acknowledges receipt of all brochures and information contained herein.

Parent/caregiver declined the opportunity to complete the checklist.

Supervisor's Signature: _____ Date: _____

Child Protection Specialist's Signature: _____ Date: _____

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WAIVER REQUEST

Child Protection Specialist's Name: _____ Supervisor's Name: _____

Reason for the request: _____

Waiver Approved: Yes No

If no, please explain: _____

Child Protection Specialist's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

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RECERTIFICATION

Date of most current Home Safety Checklist:

Date of supervisory approval for the re-certification:

Date of home review for the re-certification:

Child Protection Specialist's Signature:

Date:

Supervisor's Signature:

Date: