

# Child Safety Risk Home Evaluation Template

Evaluator Name:

Date:

Address:

Area/Room	Potential Risk	Risk Present?	Notes / Actions Needed
Living Room	Uncovered electrical outlets, unsecured furniture	<input type="text" value=""/>	<input type="text" value=""/>
Kitchen	Sharp objects accessible, cleaning supplies accessible, stove knobs within reach	<input type="text" value=""/>	<input type="text" value=""/>
Bathroom	No slip mats, medication accessible, cleaning supplies accessible	<input type="text" value=""/>	<input type="text" value=""/>
Bedrooms	Loose cords, small objects, window safety	<input type="text" value=""/>	<input type="text" value=""/>
Outdoors/Yard	Open gates, pools or water features, hazardous plants	<input type="text" value=""/>	<input type="text" value=""/>
Stairs	No safety gate, loose carpet	<input type="text" value=""/>	<input type="text" value=""/>
Other		<input type="text" value=""/>	<input type="text" value=""/>

Overall Evaluation / Notes:

Actions Recommended:

Follow-up Date: