



Family Home Safety Checklist

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| Date: | |
| Family Name: | |
| Address: | |
| Home Visitor: | |

Please indicate which situation applies:

- New Family (within 4—6 weeks on program)
- Family recently moved to a new home
- Repeat checklist (approximately every 6 months)

Items with ** and in italics are part of the Fire Safety Checklist as well