



Childproofing Checklist for Housing and Homeless Service Providers

“TEN S's for SAFETY”

The quality of the very early years of a child's life is predictive of lifelong health, educational attainment and economic security. What we now understand about early brain development has provided valuable validation for this fact. Mobility and homelessness during childhood are significant threats to achieving one's potential in life. Housing and homeless service providers are key players in creating safe and appropriate environments for the children they serve. Service providers also can be critically important partners for parents who, while working to achieve stable housing, must continue to be nurturing parents for their children, despite inordinate challenges and stresses.

Unfortunately, many housing and homeless service systems and programs are not oriented to see children as their clients. As a result, they may be ill-equipped to provide the resources and supports that infants, young children, and school-aged children and their families need. Young people who also are parents themselves face additional challenges, as they learn to parent while transitioning to adulthood.

Consequently, because so many housing and homeless programs and service systems are not “child-proofed,” the very settings that are supposed to be protective may be harmful for children and their families. How can we ensure we are promoting and strengthening strong and healthy parent-child relationships and child and family development? Perhaps we can begin with the very basics.

The “**Ten ‘S’s for Safety**” can be used to guide discussions, establish policies and practices, provide training for Board members and program staff, and partner with parents to “child-proof” housing and homeless services, settings, and systems. The tool can be used to strengthen collaborations between housing and children's service community providers so that skills, resources, and services are shared across sectors. In addition, this tool can be used to assess needs and gauge progress over time toward achieving safe and “child-proofed” housing practices.

NOTE: The *Early Childhood Self-Assessment Tool for Family Shelters* contains a wealth of web links and other resources for many of these topic areas and can be accessed at https://www.acf.hhs.gov/sites/default/files/ece/ece_family_shelter_self_assessment_tool_120114_final.pdf

<p style="text-align: center;">“TEN <u>S</u>'s for <u>S</u>AFETY”</p>	<p style="text-align: center;">NOT YET Currently this topic is not included in any of our policies and practices</p>	<p style="text-align: center;">CHILD SERVICES Currently this topic is included in family needs assessment and family service planning</p>	<p style="text-align: center;">STAFF TRAINING Currently all staff receive training in this topic and how to include in their work with families</p>	<p style="text-align: center;">COLLABORATION Currently we work with partners to access resources for this topic for children/families</p>
<p>1. STAYING TOGETHER - Are all family members together? Who’s been separated and why? Where are family members staying? For how long, and how long can they stay there? How will any instability affect each child? Is there a ‘Plan B’ should the current housing arrangement end? Are there supports for maintaining family relationships? Are there resources to address relationship stressors?</p>				
<p>2. SIZE OF HOUSEHOLD - How many people are sharing housing? What are the ages of children, parents, others? Is mom pregnant? Is there crowding? Are additional children and others sometimes present?</p>				
<p>3. SLEEPING ARRANGEMENTS - Is each child sleeping in age-appropriate bedding? Is this space private, dark, and quiet for an adequate number of hours? Does infant bedding comply with Sudden Infant Death Syndrome/Sudden and Unexpected Infant Death prevention standards?</p>				
<p>4. SUSTENANCE - Are eating arrangements age-appropriate? Do meals and schedules accommodate child nutrition, snacks, food allergies, breastfeeding, infant formula, prenatal diet, any medical needs? Is the family on WIC or other supports?</p>				
<p>5. SIMPLE HYGIENE - Do children have clean, weather appropriate clothing and shoes? Are there supplies, space for bathing, brushing teeth, diapering, diapers for infants and toddlers, special personal hygiene needs, laundry, etc.?</p>				
<p>6. SAFE SPACE - Has there been attention to basic safety-proofing and injury prevention, e.g., choking hazards, stair and window guards, cabinet locks, electrical cord precautions, outlet protectors, protection from poison, medications, vermin, access to outdoor safe space, etc.? Is there safe floor time and space for infants?</p>				
<p>7. SAFE PEOPLE - Is the family sharing space that is free from dangers? Are there pedophiles, sex offenders or sex workers, perpetrators of family violence, drug users or sales, excessive smokers, etc. on the premises?</p>				
<p>8. SPECIAL NEEDS - Is each child receiving health/dental care, immunizations, medications, screenings, asthma/allergy/other special accommodations, equipment? Do they have health insurance, medical records?</p>				
<p>9. SCHOOLING AND LEARNING - Is each child regularly attending education and care, including early childhood and after-school programs, special education, early intervention, home visiting, child care subsidies, Head Start/Early Head Start, etc.?</p>				
<p>10. SOCIAL SUPPORT NETWORK - Is communication understandable to families: in their home language, respectful of culture and circumstances of trauma? Is the family connected with community providers, social networks, and caregiver relationship supports and public benefits to address health, early childhood/ adult mental health, parenting, substances, violence, poverty, child welfare, legal or other challenges faced by children and parents?</p>				