

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can recognize a situation where help is needed right away and can dial 911.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can give his or her address.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can give his someone directions to the home.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child knows and can state the home phone number.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can dial the home phone number.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child knows and can state a parent's work or cell phone number.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can dial a parent's work or cell phone number.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child knows how to reach parents or other responsible adults by phone.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can handle telephone calls correctly.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child has demonstrated correct procedures for handling strangers oon the telephone.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child has demonstrated correct procedures for handling strangers at the door.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can name two adults to contact in case of an emergency.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can name two neighbors to contact in case help is needed right away.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child recognizes situation that should make them cautious.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child will tell parents or child care providers if something has happened to make them afraid.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can explain how to handle minor injuries requiring first aid, such as cuts and scrapes, burns, nosebleeds, poisonings, bites, choking, and eye injuries.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child knows where first aid supplies are kept in the home.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can identify two escape routes from the home in case of fire.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can locate a safe place to seek shelter during a storm.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can name five household rules.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can identify five household rules were followed the previous week.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child can give an example of a time when they had to figure out and decide what was the right thing to do, without asking a parent or other adult.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child feels safe when alone, is not afraid of the dark, and doesn't have nightmares when adults are not around.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	The child has indicated an interest or willingness to stay on his or her own.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If other children will be present, the children are willing to stay alone with each other.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If other children will be present, the children get along with each other and fighting is at a tolerable level.