

**Sample Teen Parent Monitoring and Safety Checklist**

Mother's name: \_\_\_\_\_ date of visit \_\_\_\_\_  
Child's name: \_\_\_\_\_ date of birth \_\_\_\_\_  
Staff visitor: \_\_\_\_\_ Referring agency caseworker: \_\_\_\_\_

Please check and comment on the following:

Overall apartment cleanliness: \_\_\_\_\_  
Child's appearance: \_\_\_\_\_  
Mom's appearance: \_\_\_\_\_  
Child's clothing situation: \_\_\_\_\_  
Child's food supplies: \_\_\_\_\_  
Number of day's diapers available: \_\_\_\_\_  
Kitchen condition: \_\_\_\_\_  
Bathroom condition: \_\_\_\_\_  
Bedroom condition: \_\_\_\_\_  
Living room condition: \_\_\_\_\_

Apartment safety:

\_\_\_\_ outlets safe or covered  
\_\_\_\_ bed has safety rail  
\_\_\_\_ crib with slats close together (2 & 3/8" max.)  
\_\_\_\_ cleaning supplies out of reach  
\_\_\_\_ stairs inaccessible or gated  
\_\_\_\_ windows inaccessible/screens tightly secured  
\_\_\_\_ open heaters inaccessible  
\_\_\_\_ any open doors that are a problem  
\_\_\_\_ drug and poison center phone number posted  
\_\_\_\_ poisons out of reach (cleaning products, cosmetics, perfume, medicines, cigarette butts etc.)

Doctor's number posted: \_\_\_\_\_ Dentist no. posted \_\_\_\_\_

Check for the following:

\_\_\_\_ electrical cords that can be pulled  
\_\_\_\_ lamps or appliances that can be knocked down  
\_\_\_\_ things in lower drawers that could be dangerous  
\_\_\_\_ tools, kitchen utensils that are in reach  
\_\_\_\_ toilet seat shut

Review the following with the client:

\_\_\_\_ do not give the baby a pillow  
\_\_\_\_ do not leave the child in the bathtub alone  
\_\_\_\_ do not leave the child in the apartment alone  
\_\_\_\_ do not leave the child alone with strangers  
\_\_\_\_ do not give the child any alcohol, peanuts, popcorn or anything they could choke on.  
\_\_\_\_ don't prop bottle in bed.  
\_\_\_\_ do not put the baby in a car without a car seat  
\_\_\_\_ no toys tied onto crib/pacifier not around neck

Health and health records:

\_\_\_\_ immunizations explained and understood  
\_\_\_\_ immunizations up-to-date  
\_\_\_\_ immunization records on file  
\_\_\_\_ appointment for next immunization set

*Does client have a car seat available?                      Are there toys or games for the child to play with?*

*Is there anything that the client needs for her child or the apartment?*

*Who will provide child care if necessary? (name and phone):*

\_\_\_\_\_

*Are parenting classes being attended?* \_\_\_\_\_

*Does client have reading materials on child development/behaviors and concerns?*

*Does client have reading materials on the emotional care of their child?*

*Any other observations or comments:*

\_\_\_\_\_

*Baby's father's full name:* \_\_\_\_\_

*Level of father's involvement:* \_\_\_\_\_

*Any other adult supports?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of staff visitor - date*

\_\_\_\_\_  
*client signature*