

ASSESSING INFANT SAFETY

An infant is most commonly categorized as a child under the age of one. Assessing an infant can be challenging as they are pre-verbal. Infants are at higher risk of abuse and neglect as they cannot verbalize their needs and may have limited access to mandated reporters in their first year of life.

In addition to conducting your interview and assessment with the family, here are some other areas of focus that can assist you in assessing infant safety:

FEEDING

- Is infant formula fed or breast fed?
 - Observe food supply as applicable
- Is infant fed anything other than formula or breast milk?
 - **Don't put cereal in a bottle.** Putting infant cereal in a bottle could increase the risk of choking.
- Is infant beginning to be introduced to solids?
- Can caregiver describe how to safely prepare a bottle?
 - If formula fed, how many scoops of formula per ounce of water is infant being fed?
 - **Never heat up bottle in the microwave.**
 - **Never prop a bottle!** It can lead to choking.
- How often does infant eat?
- How can you tell when infant is hungry?
 - <https://www.cdc.gov/nutrition/infantandtoddlernutrition/mealtime/signs-your-child-is-hungry-or-full.html>
- Does caregiver have any concerns with infant's eating (excessive crying, vomiting, choking, etc)?

MEDICAL

- Who is infant's Primary Care Physician?
 - **Obtain consent from custodian to receive infant medical records**
- When was the last medical appointment? When is the next?
- Is infant up to date on immunizations?
- Does infant have any delays or diagnosis? Prescribed any medications?
- **Check for sentinel injuries.** A sentinel injury is a visible injury to a non-ambulatory infant that can often precede more serious abuse. For example, bruises or scratches on odd areas of the body that the infant could not inflict themselves.
- **Be familiar with developmental milestones:**
 - <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

ENVIRONMENT AND HOUSEHOLD

- Is infant ambulatory (walking, crawling, rolling, cruising)?
 - Does the home have baby gates? Locks on cabinets containing cleaners and medications?
 - Outlet covers?
- Are utilities in working order?
- Where is infant bathed?
 - Discuss checking water temperature before baths and setting water heater below 120 F.

- Who lives in the home and who frequently visits the home?
- Does anyone smoke inside of the home?
- Are there pets in the home?
 - Discuss dangers of leaving infant unsupervised with animals.
- Does the infant have a car seat? Is it utilized during every car trip?

SUPERVISION

- Does infant have supervised “tummy time” daily?
- Where does baby lounge during the day (pack n’ play, crib)?
 - Discuss concerns with sitting child in car seat during the day.
- Does caregiver(s) take any medication that would impair his/her ability to provide appropriate care and supervision?
- Does the family utilize a babysitter? How did they choose this babysitter?
- **Babies cry a lot.** What does caregiver do when frustrated with a crying baby?

CAREGIVER NEEDS

- If mother is a main caregiver, discuss her postpartum plans and needs.
 - Be familiar with signs of post-partum depression
<https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>
- Has mother attended follow-up medical appointments for herself?
- Who can the caregiver depend on if overwhelmed or in need of help?
 - Provide appropriate community resources and/or referrals.