

BABY SAFETY CHECKLIST

HOME SAFETY CHECKLIST FOR PARENTS ENSURING A SAFE ENVIRONMENT FOR YOUR LITTLE ONE

LIVING ROOM
☐ Furniture Stability: Secure heavy furniture (bookshelves, TVs) to the wall.
☐ Sharp Corners: Use corner protectors on sharp-edged furniture.
■ Small Objects: Keep small items, toys, and decorations out of reach.
 □ Baby Gates: Install gates to block off stairs and unsafe areas. □ Electrical Outlets: Cover unused outlets with safety plugs.
KITCHEN
☐ Cabinet Locks: Install child-proof locks on cabinets containing harmful substances.
☐ Stove Safety: Use stove knob covers and keep pot handles
turned inward.
☐ Floor Clutter: Keep floors clear of small items and spills to prevent slips.
☐ Hot Surfaces: Use back burners when cooking and keep hot items out of reach.
□ Trash Safety: Use child-proof locks on trash cans.
BEDROOM
□ Crib Safety: Ensure the crib meets safety standards (no bumpers, loose bedding).
☐ Stable Furniture: Secure dressers and bookshelves to the wall.
☐ Cord Safety: Keep cords from blinds and curtains out of reach.
■ Soft Toys: Remove soft toys from the crib to minimise suffocation
risks. Monitor Placement: Place baby monitors out of reach of little
hands.





BABY SAFETY CHECKLIST

BATHROOM
☐ Toilet Locks: Use toilet lid locks to prevent drowning hazards.
☐ Medication Storage: Store all medications and cleaning supplies
in high cabinets.
Non-slip Mats: Place non-slip mats inside and outside the tub.
☐ Temperature Check: Set your water heater to no higher than
120°F (49°C) to prevent burns.
☐ Supervision Reminder: Always supervise your child during bath
time.
GENERAL SAFETY TIPS
Smoke and Carbon Monoxide Alarms: Test alarms monthly and
replace batteries as needed.
■ Emergency Contacts: Keep a list of emergency contacts visible near the phone.
First Aid Kit: Have a well-stocked first aid kit accessible but out
of reach from children.
☐ Safe Play Areas: Designate safe play areas free from hazards in
each room.
☐ Regular Check-ups: Conduct regular safety audits of your home
environment.
COMPLETION
Date of Assessment:
Additional Notes/Improvements Needed:

