# Oxfordshire County Council Logo Oxfordshire Safeguading Children Board Website

# Day in my Life: Baby

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| **Questions** | **Responses** | **Notes** |
| Waking  1. Do I wake early or later in the morning? 2. Am I attended to when I wake up or after a while? 3. Who gets me up and ready in the morning? 4. What do they do to help me? 5. Do I have curtains/blinds in my room and are they pulled open in the morning? |  |  |
| Feeding  1. Do I like breast milk, or milk from a bottle? 2. Am I easy to feed or can it be difficult sometimes? 3. Do I have my milk at the same time every day? 4. Who gives me my milk and how often do I have it? 5. Do they hold me whilst I am feeding, or am I propped in a cot or bouncer? 6. Are my bottles clean and sterilised, who does this? 7. Am I ‘burped’ during and at the end of feeding? 8. Do I have reflux or a tendency to be ‘sickie’? 9. Am I settled and contented after a feed? 10. Are there plans to wean me onto food? 11. Do I have eye contact with my carer whilst feeding? 12. If I breast feed, have I had repeated episodes of thrush and has medical advice been sought? |  |  |

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| **Questions** | **Responses** | **Notes** |
| Dressing  1. Who changes my nappy and helps me to get dressed? Is this the same every day? 2. Are my clothes clean and appropriate for the weather and what I’m doing? |  |  |
| Getting to school (if there are school age children in the house)  1. Do I join in on the school-run or does someone else look after me during this time? 2. If I do go to school, how do I get there? 3. Do I stay in the car to wait if my siblings are being dropped off at the classroom? 4. If I stay at home, who looks after me? 5. Do I receive all my feeds when I need to, or are they timed to fit in with school arrangements? |  |  |
| During the day  1. What do I like to do during the day? 2. Who do I spend the most time with and where do they take me? 3. Do I go to baby and toddler groups to make friends, or do I have to go wherever my carer needs to go? 4. Does my carer help me to learn by playing with toys and books with me? 5. Do I sleep in the day and is that at regular times each day? |  |  |

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| **Questions** | **Responses** | **Notes** |
| During the day (continued)  1. Do I like to sleep at home in my cot, or out in my buggy or car seat? 2. Who feeds me and is this at the same time each day? 3. Is my nappy changed regularly and by whom? 4. Do we have any pets in the house? 5. How am I kept safe around any pets? 6. Am I ever left alone unsupervised with any pets? 7. Do I like to watch a lot of TV, phone or tablet? 8. Do I like to sit a lot in car seats or pushchairs during the day? 9. Am I encouraged to explore my environment? If so, can I do so safely, e.g. not climb the stairs unsupervised or put my fingers in plug sockets? |  |  |
| Socialising & Communication  1. Do I have regular eye contact and communication time with my carer? This is really important very early on in my life. 2. Does my carer find it easy to understand my needs from my cues (e.g. tired, hungry, in pain, overstimulated)? 3. Does my carer encourage my sounds and babbling development? 4. Does my carer respond to my noises or mirror my sounds? 5. Do I respond to their facial expressions when they are trying to calm me / talk to me / play with me? |  |  |

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| **Questions** | **Responses** | **Notes** |
| After school (if there is a school age child in the house)  1. Do I go to the school to meet my sibling, or do I stay at home? Who looks after me? 2. What happens to me when my sibling(s) are home – do they play with me safely? 3. Is our carer around to make sure the play is kind and careful? 4. Do I join in mealtimes? |  |  |
| Evenings  1. Do I have a regular night-time routine? 2. Do I feed well in the evening? 3. Do I have a bath and if so, how often? 4. Who baths me and do I bath with any of my siblings? 5. Do I watch TV with any of my family in the evenings, or watch stuff on a tablet or phone? 6. If so, is what I watch right for my age? |  |  |
| Bedtime  1. Do I go to bed at the same time every night? 2. Am I put to bed, or do I fall asleep whenever I am tired enough? 3. If I am placed in my cot, do I settle well by myself? 4. Where do I sleep? 5. Do I go to sleep with toys? 6. Am I read a bedtime book? 7. How do I like to sleep (on my back / front)? 8. Does my carer use a monitor? 9. Who is normally in the house at night-time? 10. Is my room darkened by curtains or a blind? |  |  |

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| Overnight  1. Do I sleep well at night, or do I tend to wake? 2. How often do I wake? 3. What happens when I wake up? 4. Does my carer respond or am I left to cry / self soothe? 5. Do I have feeds during the night? 6. Do I often need a nappy change during the night? 7. Where do the pets sleep in the house? 8. Is the place I sleep comfortable? (Dark, quiet, not too cold or too hot) |  |  |
| Crying  1. Does my carer attend to me as soon as I start to cry? 2. Do I respond well to a cuddle and soothing words? |  |  |
| Illness  1. When I am poorly who looks after me? 2. When I am poorly does my carer get advice, and do they follow it? 3. Am I taken to all my appointments with the Health Visitor or Doctors? 4. Am I up to date with all my vaccinations? |  |  |

Question list can be edited, extended or reduced to suit family circumstances.

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Oxfordshire Family Solutions