

Child's Name: \_\_\_\_\_

# Infant Daily Report

Today's Primary: \_\_\_\_\_

Date: \_\_\_\_\_

Who will pick up your child? \_\_\_\_\_ What time? \_\_\_\_\_

Did your child receive medication today? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Time of last bottle \_\_\_\_\_ Amount \_\_\_\_\_

MEALS & SNACKS		
Time	Code	Amount

BF=Breakfast, L=Lunch, S=Snack, D=Dinner

## NOTES FROM YOUR PRIMARY

Supplies Needed:

Diapers      Wipes      Clothes

Other: \_\_\_\_\_

BOTTLES & SIPPIS		
Time	Amount	Initials



NAPS	
Fell Asleep	Woke Up

DIAPERS		
Time		Initials
	wet/bm/dry	
	wet/bm/dry	
	wet/bm/dry	
	wet/bm/dry	
	wet/bm/dry	
	wet/bm/dry	
	wet/bm/dry	
	wet/bm/dry	



OUTSIDE	
Time	Walk or Playground

TUMMY TIME	
	to _____
	to _____
	to _____