Child Development Center

Infant Daily Report

Child's Name:_____ **Teachers:** _____ **Date:**_____

Time Woke Up	Arrival Time	Last Feeding

Items I Need

Diapers Wipes
Formula Breast Milk
Baby Food Cereal
Extra Clothes
Other Items:

_____
_____
_____
_____

Medicine

Parents already gave medication today:
YES NO
What_____

Any medicine to be given today: YES NO
What_____
_____
When_____
_____
Medicine was given:
_____
_____

Note to Parents:_____
_____
_____
_____
_____
_____

Diapers

Time	Wet	BM	Comments	Int

Naptime

Begin	End	Int.

Feeding

Time	Oz.	Amt.	Comments	Primary Care	Confirmed By

Today I Felt...

Happy
Tired
Talkative
Fussy
Sleepy
Energetic
Quiet
Sad

Comments

_____
_____