

# Infant Daily Report

Teachers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Special Instructions from Home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Bottles/ Meals and Snacks

TIME	TYPE OF FOOD & AMOUNT	COMMENTS

## Diapers

D- DRY    W-WET    BM – BOWEL MOVEMENT

TIME	COMMENTS	TIME	COMMENTS

## Naps

FROM:	TO:	FROM:	TO:
FROM:	TO:	FROM:	TO:

Developmental Milestones/  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We Need: \_\_\_ Diapers \_\_\_ Wipes \_\_\_ Other \_\_\_\_\_ Tummy Time: \_\_\_\_\_  
\_\_\_\_\_