

This is the form that is filled out daily in our Infant / Toddler rooms.

Infant/Toddler Daily Report

Childs Name _____

Date _____

Time _____ to _____ (Depart)

Place or phone can be reached _____

Sleep

___ awoke at _____

___ slept all day

___ naptime delayed

___ awakened early/restless

Any Injuries

___ none

___ bruised

___ cuts/burns

Meals

Infants: last feeding ___ oz. ___ time

___ ate breakfast

___ ate poorly

Behavior

___ content

___ irritable, fussy

___ very quiet

Bowel Movement

___ normal

___ loose/runny

___ abnormal color

___ none

Special Instructions

___ medication

___ diet change

___ foods to avoid

___ activities to avoid

Parent's instructions for today:

AM Snack	Lunch	PM Snack

Your baby slept from:

_____ to _____

_____ to _____

_____ to _____

Bottles:

Time _____ Ounces _____

Time _____ Ounces _____

Time _____ Ounces _____

Bowel Movements: _____

Supplies needed: _____

Accident: _____

Activities and Comments: _____