



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:** _____

