Infant Daily Report

								The state of the s			
Child's Full Name: Date:									1		
Parent Contact	Informatio	n for toda	y:						K		
Name:			Ph	one Nur	mber:		W	here Heart	s and Mino	ds Grow Stron	
My child's sleep was: Good			Fair Poor			Poor					
My child wok	e up at:		_ My c	hild was	last char	ged at:	My child was	last fe	d at:		
Additional inf				••							
Additional ini	ormation ic	or my chin	u s teachers	S.							
BOTTLES: F= Formula B=Breast Milk M= Whole Milk				AM Time: Description:							
Time:	Amount:		F B M		Time:	•			ount:	Refused	
		Bottle I	Match:	Snack	`					Refused	
		<u> </u>								Refused	
Time:	Amount:		F B M Bottle Match:								
		Bottle	viattii.	Lunch	Time:	Description:			ount:	Deferred	
Time:	Amount:	F B	M							Refused	
Tillie.	Amount.	Bottle I								Refused Refused	
										Refused	
Time:	Amount:	F B	M								
7		Bottle Match:		PM	Time:	Description:		Amount: All Some Refused			
			Snack						Refused Refused		
Sleep Schedule										Refused	
3	leep Scheu	luie									
toto				to		to		to			
[Diapering S	chedule			Friendly R	Reminder of S	upplies Needed				
Time: Time: Time:					5.	\\ <i>I</i> '	autoro Outoro				
Wet / BM / Dry			/et / BM / [
Ointment: Y/N	Ointment: Y / N Ointment: Y / Time:		/ N _								
Time: Wet / BM / Dry			Time: Wet / BM / Dry		Tummy Time:						
Ointment: Y/N			Ointment: Y / N		utdoor Ex	ploration:	Stroller Ride: AM		PM		
Special notes	s to go hom	e:				<u> </u>					

Tysons Corner Children's Center