# Infant Daily Report

Tysons Corner Children's Center
Where Hearts and Minds Grow Strong

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

**Parent Contact Information for today:**

**Name:**_____ **Phone Number:** _____

**My child's sleep was:** ☐ **Good** ☐ **Fair** ☐ **Poor**

**My child woke up at:** _____ **My child was last changed at:** _____ **My child was last fed at:** _____

**Additional information for my child's teachers:**

_____

_____

| **BOTTLES:** F= Formula B=Breast Milk M= Whole Milk | | |
|---|---|---|
| **Time:** | **Amount:** | **F B M Bottle Match:** |
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| **Time:** | **Amount:** | **F B M Bottle Match:** |
| **Time:** | **Amount:** | **F B M Bottle Match:** |

| **FOOD** | | | |
|---|---|---|---|
| **AM Snack** | **Time:** | **Description:** _____ _____ | **Amount:** **All Some Refused** **All Some Refused** **All Some Refused** |
| **Lunch** | **Time:** | **Description:** _____ _____ _____ | **Amount:** **All Some Refused** **All Some Refused** **All Some Refused** **All Some Refused** |
| **PM Snack** | **Time:** | **Description:** _____ _____ | **Amount:** **All Some Refused** **All Some Refused** **All Some Refused** |

**Sleep Schedule**

| | | | | |
|---|---|---|---|---|
| _____to _____ | _____to _____ | _____to _____ | _____to _____ | _____to _____ |

| **Diapering Schedule** | | |
|---|---|---|
| Time: | Time: | Time: |
| Wet / BM / Dry | Wet / BM / Dry | Wet / BM / Dry |
| Ointment: Y/N | Ointment: Y / N | Ointment: Y / N |
| Time: | Time: | Time: |
| Wet / BM / Dry | Wet / BM / Dry | Wet / BM / Dry |
| Ointment: Y/N | Ointment: Y / N | Ointment: Y / N |

**Friendly Reminder of Supplies Needed**

**Diapers** **Wipes** **Clothes** **Other:**

**Tummy Time:** _____

**Outdoor Exploration:** _____**Stroller Ride:** AM_____PM _____

**Special notes to go home:**

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