



DAILY WRITTEN REPORT FOR INFANTS

CHILD'S NAME

DATE

PARENT'S SECTION

TIME OF ARRIVAL: _____ HOW DID CHILD SLEEP LAST NIGHT? _____

BREAKFAST AT HOME? YES NO

MOOD UPON ARRIVAL? HAPPY OK SLEEPY GROUCHY CRYING OTHER

I HAVE NOTICED: RUNNY NOSE COUGH CONGESTION TEMPERATURE
 RASH DIARRHEA BRUISES NONE OF THE ABOVE

ANY DIFFERENT PHONE NUMBERS OR PICK-UP INFO TODAY? _____

PARENTS COMMENTS: _____

CAREGIVERS SECTION

TIME	6:00 am	7:00	8:00	9:00	10:00	11:00	12:00 noon	1:00 pm	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00 pm	
NAPS																			
FLUIDS	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz	oz
SOLIDS																			
DIAPERS D = dry W = wet BM = bowel movement	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM

MINOR ACCIDENTS/INCIDENTS: _____

TEACHER'S COMMENTS: (Behaviors, milestones, moods, health concerns) _____

PICKED UP BY: _____ TIME: _____