

Infant/Toddler Daily Report

Child's Name: _____ Date: _____ Arrival: _____

To Be Completed by Parent/Guardian	
I last fed at: _____ Last night I slept: <input type="checkbox"/> Great <input type="checkbox"/> Okay <input type="checkbox"/> Not Well	Instructions or General Notes:

To be Completed by Childcare Provider
Today, I was: <input type="checkbox"/> Happy <input type="checkbox"/> Playful <input type="checkbox"/> Cuddy <input type="checkbox"/> Fussy <input type="checkbox"/> Tired <input type="checkbox"/> Sick <input type="checkbox"/> Other:

Diaper

Time	Diaper Type
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Potty
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Potty
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Potty
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Potty
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Potty
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Potty

Bottle

Time	Ounces	Bottle Type
		<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk
		<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk
		<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk
		<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk
		<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk
		<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk

Meals

Time	Meal	Amount

Sleep

Start	End

Items child need:	<input type="checkbox"/> Diapers <input type="checkbox"/> Wipes <input type="checkbox"/> Cream <input type="checkbox"/> Clothes <input type="checkbox"/> Blanket <input type="checkbox"/> Other
Notes for Parents:	