



Infant Daily Report

Name: _____ Date: _____

Message/Notes: _____

A.M. Snack <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/>	Lunch <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Lots	P.M. Snack <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/>

Diaper Routine

Liquid Intake

Nap Times

Time	Wet/BM	Notes	Time	Kind	Amount

_____ to _____ _____ to _____
 _____ to _____ _____ to _____
 _____ to _____ _____ to _____

Supplies: More Diapers

More Wipes Extra Clothes

More Diaper Cream Laundry

How was my day? Teacher's comments:
