



Infant Daily Report

Name: _____ Date: _____

My provider wants to share what I did today!

For Breakfast I ate: _____ all some none

For Lunch I ate: _____ all some none

For snack I ate: _____ all some none

This is how many bottles I drank today:

Time: _____ oz: _____

Time: _____ oz: _____

Time: _____ oz: _____

Time: _____ oz: _____

Time: _____ oz: _____

Time: _____ oz: _____

Bowel Movements: 1 2 3 4 They were: Normal Loose Hard

Nap time: _____ to _____ Nap time: _____ to _____

This is how I played

today: _____

Special Notes from my Provider: _____

My provider wants to remind you to please bring the following to daycare tomorrow!

Diapers _____ Ointment _____ Wipes _____ Formula _____ Powder _____

Baby Food _____

Other _____

Clothing Item: _____