



Infant Daily Report



Child's Name: _____

Today's Date: _____

	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM	
Naps																			
Fluids <small>F=Formula J=Juice</small>	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz	F/J oz
Solids																			
Diapers	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM

Lotions, Creams, Ointments, Powder applied: _____

I had a bath at: _____

The story I was read: _____

Activities I participated in: _____

Today I was:

FUSSY SLEEPY QUIET HAPPY PLAYFUL INQUISITIVE NOT FEELING WELL

Provider noticed:

RUNNY NOSE DIARRHEA CONGESTION TEMPERATURE RASH COUGH BRUISES/MARKS

Comments: _____

Supplies needed: _____

