



# 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: \_\_\_\_\_