

# Infant Daily Report

Teachers:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- I slept well last night.
- I was fussy last night.
- I am happy this morning.
- I do not seem 100% myself this morning.
- I ate breakfast/bottle at: \_\_\_\_\_.
- I had my last diaper at: \_\_\_\_\_.

## Milk/Formula

\_\_\_\_\_oz at \_\_\_\_\_

\_\_\_\_\_oz at \_\_\_\_\_

\_\_\_\_\_oz at \_\_\_\_\_

\_\_\_\_\_oz at \_\_\_\_\_

## Diaper Changes

Time	W	BM	D

## Food

I ate: \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_

I ate: \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_

I ate: \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_

## Naps

I slept from \_\_\_\_\_ to \_\_\_\_\_

I slept from \_\_\_\_\_ to \_\_\_\_\_

I slept from \_\_\_\_\_ to \_\_\_\_\_

I slept from \_\_\_\_\_ to \_\_\_\_\_

**This is what I did today!**

## Reminders