INFANT DAILY REPORT

Infant Name: **Date:**

PARENT'S REPORT ABOUT INFANT

Infant slept: ☐Good ☐OK ☐ Not well

Infant seems: ☐Happy ☐Fussy ☐Other

Comments:

Did the infant eat before coming to child care? ☐No ☐Yes

Feeding Times

Foods:

Amount:

Has infant had medication before coming? ☐No ☐Yes**

** List the **names of medicine**, **amount given** and **time given**

** Reasons for medicine:

Special requests for infant today:

What time will infant be picked up and by whom?

Parent Signature:

CHILD CARE PROVIDER REPORT ABOUT INFANT

Diapering/Toileting

Time	Wet	BM	Description
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____

Naptime/Sleeping

Time to sleep: Time awoke:

Today's Activities

☐ Music
☐ Reading / use of books
☐ Tummy time
☐ Physical activity
☐ Outdoors
☐ Other _____

Nutrition: Meals and Snacks

Feeding Time Foods Amount

Medication

Name of Medicine Amount Given Time Given Staff initial

Infant's Mood and Disposition

This morning the infant was:
☐Happy ☐Fine ☐A little fussy ☐Very fussy ☐Not well

This afternoon/evening the infant was:
☐Happy ☐Fine ☐A little fussy ☐Very fussy ☐Not well

During the night the infant was:
☐Happy ☐Fine ☐A little fussy ☐Very fussy ☐Not well

Child Care Provider Signature:

Additional instructions or comments may be written on the back of this form.

Copies of this form are available at no cost from the Healthy Child Care Iowa talkline: (800) 369-2229. July 2006

INFANT DAILY REPORT

Infant Name: **Date:**

Special Concerns or Instructions: (If the infant had an unusual day/night before coming to child care OR the infant became ill while attending child care, please list all symptoms and describe how the child progressed)

Parent Signature:	Child Care Provider Signature: