Willow Bend Learning Center

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INFANTS DAILY REPORT

For Babies on Formula/Breast Milk Only

Child's Name: _____ Date: _____

Arrival Information: To be filled in by Parents

Arrival Time: _____:_____ Last Diaper Change: _____:_____ Last Feeding: _____: _____

Last Nap: _____:_____ How did your baby sleep last night? _____

How can we reach you today? □ Work □ Home □ Other

Is there any Medication to be dispensed today? □ Yes □ No (Please Record at Front Desk)

Any bumps, injuries, symptoms or illness? _____

Feeding Times

Estimated Time	Actual Time	Type	Amount	Initials
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____
___:___	___:___	_____	_____	_____

Diaper Changing Times

Time	Initial	Time	Initials
7: _____	_____	1:_____	_____
8: _____	_____	2:_____	_____
9: _____	_____	3:_____	_____
10: _____	_____	4:_____	_____
11: _____	_____	5:_____	_____
12: _____	_____	6:_____	_____

My clothes were changed today because:

_____

Nap Times

Start: ___:___ Finish: ___:___

Start: ___:___ Finish: ___:___

Start: ___:___ Finish: ___:___

Start: ___:___ Finish: ___:___

My mood today was

_____ Happy
_____ Content
_____ Active
_____ Quiet
_____ Tired
_____ Other

Items Needed <u>by Monday:</u>

_____ Diapers (have ___)
_____ Wipes (have ___)
_____ Ointment (have ___)
_____ Extra Clothing
_____ Other

** If your child is sleeping at the estimated feeding time, the actual feeding time will be adjusted accordingly.*

Activities and/or Special Notes:_____

_____

This form can be downloaded at **www.willowbendlearningcenter.com>Parent Forum>Forms> Infant A Daily Report**