

Willow Bend Learning Center

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INFANTS DAILY REPORT

For Babies on Formula/Breast Milk and Baby Foods /Cereals

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
Breakfast (7:45 am - 8:45 am)				
____:____	____:____	_____	_____	_____
____:____	____:____	_____	_____	_____
Lunch (11:00 am -11:45 am)				
____:____	____:____	_____	_____	_____
____:____	____:____	_____	_____	_____
PM Snack (2:30 pm-3:15 pm)				
____:____	____:____	_____	_____	_____
____:____	____:____	_____	_____	_____
____:____	____:____	_____	_____	_____

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 I Need:

____ Diapers
 ____ Pull Ups
 ____ Ointment
 ____ Wipes
 ____ 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: _____