Infant Room Daily Report

One sheet per baby per day. Staff fill it in through the day and hand it to the family at pickup.

Baby's name: _____ **Date:** _____

Teacher: _____ **Room:** _____

Drop off (parent fills in)

Last feed (time and amount): _____ **Last diaper (time):** _____

Slept overnight: _____ **Anything we should know:** _____

Bottles and meals

Time	Ounces or food	How much finished

Diapers

Time	Wet / BM	Staff initials

Naps

Time down	Time up

Mood today

☐ Happy ☐ Calm ☐ Fussy ☐ Tired ☐ Not quite themselves

Supplies needed

☐ Diapers ☐ Wipes ☐ Formula or breast milk ☐ Spare clothes ☐ Creams

A note for the family

_____

_____

_____