

Infant- Toddler Daily Report

Child: _____ Date: _____ Staff: _____

Appeared:

- Active as usual
- A bit fussy
- Not acting as usual
- Other:

Bottles:

Time _____ oz. _____
Time _____ oz. _____
Time _____ oz. _____

Slept:

- Soundly
- Did not sleep well
- Other:

Solid Food:*Infant*

Cereal or Meat
_____ at _____
_____ at _____

Fruit
_____ at _____
_____ at _____

Vegetables
_____ at _____
_____ at _____

Toddler:

Breakfast
 Ate good portion
 Ate none
 Ate all

Lunch
 Ate good portion
 Ate none
 Ate all

Snack eaten: yes no

Sleeping:

From _____ to _____
From _____ to _____
From _____ to _____

Bowel Movements:

- Hard
- Soft
- Normal
- Loose
- Diarrhea

Medication:

Name of medication:
Dosage:
Times given: Last time given:
Given by:

Accidents Today:**Needs:**

- Diapers
- Bottom wipes
- Extra clothes
- Jar food
- Cereal
- Formula
- Other: