Infant Daily Report

Teacher Name:_____

Child Name_____

Arrival Time_____ Date: _____

<u>Information about your baby's day</u>

Feeding information:

____ Bottle	Time: _____	____ Solids	Time: _____
____ Bottle	Time: _____	____ Solids	Time: _____
____ Bottle	Time: _____	____ Solids	Time: _____

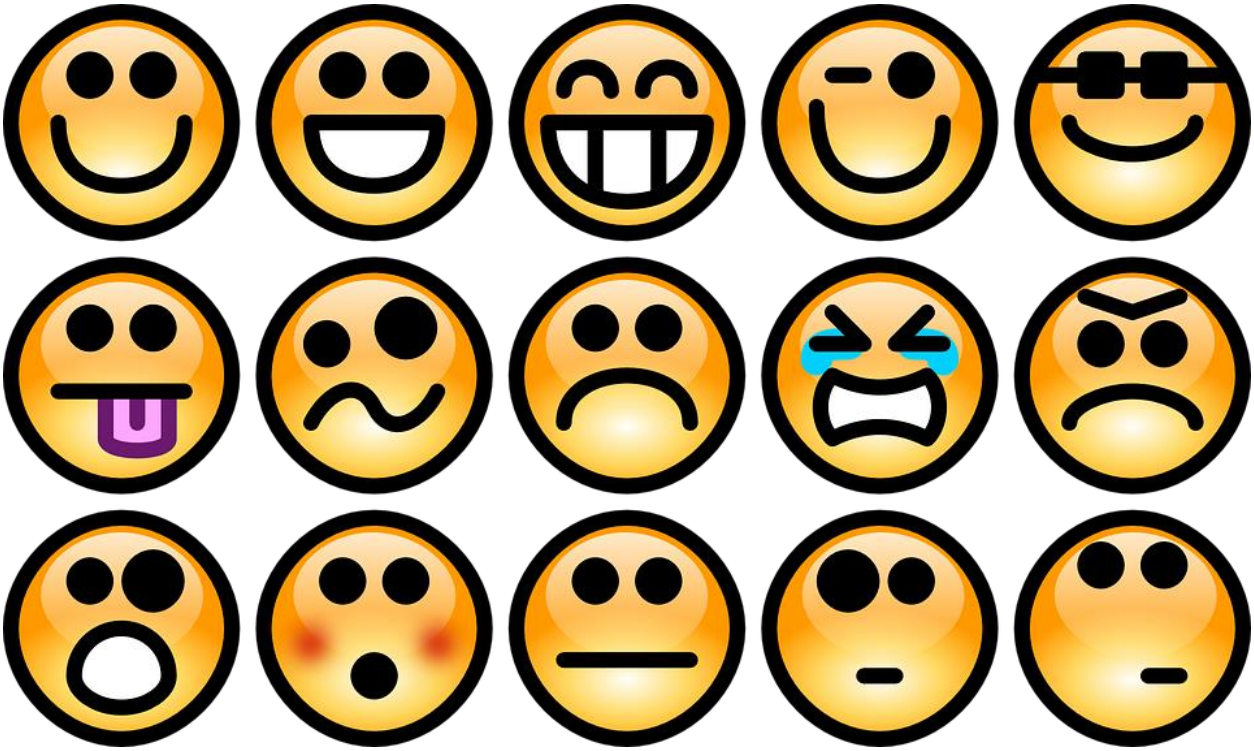
Diaper changes:

Time: _____

Time: _____

Time: _____

Demeanor:



Time:

Notes to Parent:

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