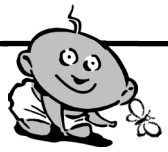
Infant/Toddler Daily Report



Parent Report

I woke up at _____. I had a _____ night.

Last time I ate _____ What? _____ Amount? _____

Items I brought _____

Special instructions _____

What I did today: _____

Diaper Changes

Wet	6	7	8	9	10	11	12	1	2	3	4	5	6
Soiled	6	7	8	9	10	11	12	1	2	3	4	5	6
Dry	6	7	8	9	10	11	12	1	2	3	4	5	6

Nap Time

6 7 8 9 10 11 12 1 2 3 4 5

Today I Was

Cheerful	Quiet	Sad
Curious	Teary	Sleepy
Playful	Busy	Restless
Friendly	Chatty	Daring

Feedings

Time	Food/Amount NI - Not Interested

What I need from home

Cereal Formula Diapers Wipes

Food _____ Other _____

Special notes _____

Name _____ Date _____ Leaving at _____

Woke up _____ Last changed _____ Last ate _____