

# Infant Daily Report

A day in the life, one page — send it home so the evening picks up where the afternoon left off.

|             |      |                     |
|-------------|------|---------------------|
| Baby's name | Date | Arrived / picked up |
|             |      |                     |

Today I was feeling...

☐ Happy   ☐ Playful   ☐ Sleepy   ☐ Fussy   ☐ Not myself

## BOTTLES & NURSING

| Time | Amount / notes |
|------|----------------|
|      |                |
|      |                |
|      |                |
|      |                |
|      |                |
|      |                |

## SOLID FOODS

| Time | What & how much |
|------|-----------------|
|      |                 |
|      |                 |
|      |                 |
|      |                 |

## DIAPERS

| Time | Wet / BM / notes                                         |
|------|----------------------------------------------------------|
|      | <input type="checkbox"/> Wet <input type="checkbox"/> BM |
|      | <input type="checkbox"/> Wet <input type="checkbox"/> BM |
|      | <input type="checkbox"/> Wet <input type="checkbox"/> BM |
|      | <input type="checkbox"/> Wet <input type="checkbox"/> BM |
|      | <input type="checkbox"/> Wet <input type="checkbox"/> BM |

## NAPS

| Fell asleep | Woke up |
|-------------|---------|
|             |         |
|             |         |
|             |         |

## TODAY WE...

## PLEASE RESTOCK

☐ Diapers   ☐ Wipes   ☐ Formula / milk   ☐ Baby food   ☐ Extra clothes   ☐ Other: \_\_\_\_\_

## NOTES FOR HOME