Infant daily report

INFANT NAME | DATE | TEACHER

FROM HOME filled in by the family at drop-off

Slept last night: ☐ Well ☐ OK ☐ Not well

Arrived: ☐ Happy ☐ Sleepy ☐ Fussy ☐ Other

LAST BOTTLE OR MEAL BEFORE ARRIVAL

Time | What and how much

Medication given at home? ☐ No ☐ Yes

Medicine | Amount | Time

ANYTHING WE SHOULD KNOW TODAY

PICKUP TODAY

Who | Time

FROM US filled in through the day

BOTTLES AND FOOD

TIME	WHAT WAS OFFERED	HOW MUCH TAKEN

DIAPERING

TIME	WET	BM	CREAM	NOTES
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

NAPS

DOWN	UP

WHAT WE DID TODAY

☐ Books ☐ Music
☐ Tummy time ☐ Sensory play
☐ Outside ☐ Other

MOOD

Morning ☐ Happy ☐ Fussy

Afternoon ☐ Happy ☐ Fussy

A MOMENT WORTH SHARING

PLEASE SEND TOMORROW

☐ Diapers ☐ Wipes ☐ Formula
☐ Clothes ☐ Cream ☐ Other

PARENT SIGNATURE | TEACHER SIGNATURE

Type into any field on screen, then print or save. In the app, all of this is logged as it happens and the family sees it in real time.