

Willow Bend Learning Center

Ph: 972-867-1871; Fax: 972-964-7097; E-mail: willowbendlc@aol.com;
www.willowbendlearningcenter.com

INFANTS DAILY REPORT

Stage 1 Meals: For Babies on Formula/Breast Milk Only

Child's Name: _____ Date: _____

Arrival Information: To be filled in by Parents			
Arrival Time: _____:_____	Last Diaper Change: _____:_____	Last Feeding: _____:_____	
Last Nap: _____:_____	How did your baby sleep last night? _____		
How can we reach you today? <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other			
Any Medication to be dispensed today? () Yes () No (Pl record medications at Front Desk)			
Any bumps, injuries, symptoms or illness? _____			

Feeding Times					Diaper Changing Times			
Estimated Time	Actual Time	Type	Amount	Initials	Time	Initial	Time	Initials
_____:	_____:	_____	_____	_____	7: _____	_____	1: _____	_____
_____:	_____:	_____	_____	_____	8: _____	_____	2: _____	_____
_____:	_____:	_____	_____	_____	9: _____	_____	3: _____	_____
_____:	_____:	_____	_____	_____	10: _____	_____	4: _____	_____
_____:	_____:	_____	_____	_____	11: _____	_____	5: _____	_____
_____:	_____:	_____	_____	_____	12: _____	_____	6: _____	_____
					My clothes were changed today because: _____			

Nap Times		My mood today was:	Items Needed: (Monday)
Start: _____:_____	Finish: _____:_____	_____ Happy	28 Diapers
Start: _____:_____	Finish: _____:_____	_____ Active	80 Wipes
Start: _____:_____	Finish: _____:_____	_____ Quiet	___ Ointment
Start: _____:_____	Finish: _____:_____	_____ Content	___ Extra Clothing
		_____ Tired	___ Other

* If your child is hungry, sleeping, or waiting their turn, the feeding time may be adjusted ± 25 min

Activities and/or Special Notes: _____

Parents: Please make copies of this form, and bring in daily. The top portion needs to be filled out at home, and handed to the teacher daily. This form can be downloaded at www.willowbendlearningcenter.com>Parent Forum>Forms>Infant A Daily Report

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