

# Willow Bend Learning Center

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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?  Work  Home  Other  
Any Medication to be dispensed today? ( ) Yes ( ) No (Pl record medications at Front Desk)  
Any bumps, injuries, symptoms or illness? \_\_\_\_\_

#### Feeding Times

Estimated Time	Actual Time	Type	Amount Left	Initials
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____

#### Diaper Changing Times

Time	Initial	Time	Initials
7: ____:____:____	_____	1: ____:____:____	_____
8: ____:____:____	_____	2: ____:____:____	_____
9: ____:____:____	_____	3: ____:____:____	_____
10: ____:____:____	_____	4: ____:____:____	_____
11: ____:____:____	_____	5: ____:____:____	_____
12: ____:____:____	_____	6: ____:____:____	_____

My clothes were changed today because: \_\_\_\_\_

#### Nap Times

Start: \_\_\_\_:\_\_\_\_:\_\_\_\_ Finish: \_\_\_\_:\_\_\_\_:\_\_\_\_  
Start: \_\_\_\_:\_\_\_\_:\_\_\_\_ Finish: \_\_\_\_:\_\_\_\_:\_\_\_\_  
Start: \_\_\_\_:\_\_\_\_:\_\_\_\_ Finish: \_\_\_\_:\_\_\_\_:\_\_\_\_  
Start: \_\_\_\_:\_\_\_\_:\_\_\_\_ Finish: \_\_\_\_:\_\_\_\_:\_\_\_\_

#### My mood today was:

Happy  
 Active  
 Quiet  
 Content  
 Tired

#### Items Needed: (Monday)

28 Diapers  
80 Wipes  
 Ointment  
 Extra Clothing  
 Other

\* If your child is hungry, sleeping, or waiting their turn, the feeding time may be adjusted  $\pm 25$  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](http://www.willowbendlearningcenter.com)>Parent Forum>Forms>Infant A Daily Report

Stage 1 Meals

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____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____
____:____:____	____:____:____	_____	_____	_____

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Start: \_\_\_\_:\_\_\_\_:\_\_\_\_ Finish: \_\_\_\_:\_\_\_\_:\_\_\_\_  
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