



Infant Daily Care Form

Time In: _____
Approx. Pick Up Time: _____

Child Name: _____ Date: _____

Age: _____ Allergies: Y / N If yes describe: _____

Pacifier: Y / N Blanket: Y / N

Feeding – Bottles (Make sure all bottles are pre mixed and labeled)

Bottles in Bag: _____ Last Bottle Time: _____ Next Bottle Time: _____ Bottles are Served Best: Cold/Room Temp/ Warm

Feeding- Food

Last Food Time: _____ Next Food Time: _____ Circle one: Snack / Lunch / Dinner

Sippy Cup: Y / N Does Child Feed Themselves: Y / N

Preparation Instructions: _____

Diapering

Last Diaper change: _____ Diaper Crème: Y / N

Sleeping

Last Nap: _____ Next Nap: _____

MORNING SHIFT

CAREGIVER NAME: _____ CHILDS MOOD: HAPPY SAD SLEEPY CRYING

FEEDING:

Time: _____ What: _____ Amount: _____ Time: _____ What: _____ Amount: _____

Time: _____ What: _____ Amount: _____ Time: _____ What: _____ Amount: _____

DIAPERING:

NAPPING:

Time: _____ Wet / Dry / BM Time: _____ Wet / Dry / BM Time From: _____ To: _____

Time: _____ Wet / Dry / BM Time: _____ Wet / Dry / BM Time From: _____ To: _____

AFTERNOON SHIFT

CAREGIVER NAME: _____ CHILDS MOOD: HAPPY SAD SLEEPY CRYING

FEEDING:

Time: _____ What: _____ Amount: _____ Time: _____ What: _____ Amount: _____

Time: _____ What: _____ Amount: _____ Time: _____ What: _____ Amount: _____

DIAPERING:

NAPPING:

Time: _____ Wet / Dry / BM Time: _____ Wet / Dry / BM Time From: _____ To: _____

Time: _____ Wet / Dry / BM Time: _____ Wet / Dry / BM Time From: _____ To: _____

EVENING SHIFT

CAREGIVER NAME: _____ CHILDS MOOD: HAPPY SAD SLEEPY CRYING

FEEDING:

Time: _____ What: _____ Amount: _____ Time: _____ What: _____ Amount: _____

Time: _____ What: _____ Amount: _____ Time: _____ What: _____ Amount: _____

DIAPERING:

NAPPING:

Time: _____ Wet / Dry / BM Time: _____ Wet / Dry / BM Time From: _____ To: _____

Time: _____ Wet / Dry / BM Time: _____ Wet / Dry / BM Time From: _____ To: _____