

Infant Daily Report

Child's name: _____ Child's Teacher: _____

Room # _____ Arrival Time: _____ Estimated pick up time: _____ Date: _____

The following information is to let you know how your child's day was at Bright Beginnings Childcare.

If you would like more detailed information on your child, please inform the teachers, they'll be happy to do so.

1. **Your child's mood throughout the day:**

- a. **Morning.** Happy Talkative Curious Content Fussy Sleepy Irritable
- b. **Mid day.** Happy Talkative Curious Content Fussy Sleepy Irritable
- c. **Afternoon.** Happy Talkative Curious Content Fussy Sleepy Irritable



2. **Books read ...** _____

3. **Songs sung ...** _____

Feeding Time:	Appetite	Amount	Staff Int'l	Comments

NAP TIMES:

	From	To		From	To	
1			3			
2			4			

4. **Developmental Activity:** Muscular control (head and neck, trunk, legs, arms, hands) Hand Eye Coordination, Sensor motor Development, Reflex, Seeing, Hearing, Social/Emotional. Describe actual activity done with child...

5. **Outside Time:** _____

DIAPERING

S= sleeping W= wet D= dry B= B.M.

A.M. Comments:	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00
P.M. Comments:	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00

Comments: _____

HAVE A GREAT DAY !

End of the day Routine:

Time:	Feeding / Diapering / Nap