



Hope

Child Group, Inc.
Daycare program



Infant Daily Log

Child's Name: _____

Date: _____

<u>Arrival Information</u>	<u>Instructions for Daycare Provider</u>
Last Diaper Change: _____ am/pm Last Feeding: _____ am/pm I woke up at: _____ am/pm I slept: Well Fair Poor I slept for _____ hours How is my mood today? _____ Will your child need medication today? Yes No <i>Please note: No medication will be administered unless proper documentation is submitted or updated.</i>	<ul style="list-style-type: none"> • Special pick-up time today: _____ • Alternate pickup person for today: _____ • Other: _____

<u>Feeding Schedule</u>					
Time	Type	Quantity given	Quantity eaten	Prepared by:	Fed by:

<p style="text-align: center;"><u>Naps:</u></p> <p>_____ to _____</p> <p>_____ to _____ No Nap _____</p> <p>_____ to _____</p> <p>_____ to _____</p>	<p style="text-align: center;"><u>Mood Today:</u></p> <p>Happy _____ Active _____</p> <p>Tired _____ Other _____</p> <p>Cranky _____</p> <p>Quiet _____</p>
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<u>Diaper Changes</u>		
Time	Type	Changed By

W= wet BM= bowel movement LBM=loose bowel movement D=dry

<p><u>Please Remember to bring:</u></p> <p>_____ Diapers _____ wipes</p> <p>_____ Ointment _____ Clothes</p> <p>_____ Food/Formula _____ Bibs</p>	<p><u>Medicine administered:</u></p> <p>Time: _____</p> <p>Type: _____</p> <p>Quantity: _____</p> <p>Given by: _____</p>
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Notes:
