Infant/Toddler Daily Sheet

Child's Name:	***Primary Caregiver:***	***Date:***	***Day:***

Messages From the Parent:	***Messages From the Center:***
☐ On medication ☐ Teething ☐ Has cold symptoms ☐ Didn't sleep well last night ☐ Has diaper rash ☐ Didn't eat well before coming ☐ Other:	*Needs:* ☐ Extra Clothing ☐ Other:

Tummy Time: *(Age-appropriate, supervised tummy time is required at least twice per day.)*

Amount of Time:	Comments:
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Diapering/Toileting:

☐ Has Redness/Irritation ☐ Needs Pull-Ups ☐ Used Potty with Help ☐ Needs Ointment
☐ Needs Diapers ☐ Needs Wipes ☐ Used Potty without Help
☐ Other:

Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose
Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose
Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose
Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose
Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose
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Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose
Time:	☐ Dry	☐ Wet	☐ Bowel Movement	☐ Normal	☐ Firm	☐ Loose

Napping:

☐ Didn't Sleep Well ☐ Slept More than Usual ☐ Needs a Fitted Sheet ☐ Other:

Start:	Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:	End:

Feeding:

☐ Didn't Eat Well Today ☐ Needs Bibs ☐ Needs Food
☐ Needs a Current Feeding Schedule ☐ Other:

Time:	***Formula:***	***Food/Amount:***
	Ounces	
	Ounces	
	Ounces	
	Ounces	
	Ounces	