## **Daily Infant Sheet**

From my nouse:					I am:
Name:	Date:		I woke up at:		— A O E Months Old
My night was:					
This morning I have eaten: _					→ 6-11 Months Old —
From my caregivers:				T	oday I enjoyed:
For Breakfast I had:	Time:			<u>-</u>	
Breast Milk or Formula			fluid ounces	$\Diamond$	Floor time
Fruit/Veg/or Combo				<b>♦</b>	Music
Grain or Meat/Meat Alterna	ate				
For Lunch I had:	Time:			<b>◊</b>	Books
Breast Milk or Formula			fluid ounces	$\Diamond$	Blocks
Fruit/Veg/or Combo				$\Diamond$	Outside
Grain or Meat/Meat Alterna	ate			<b>♦</b>	Gym
For Snack I had:	Time:		_	v	·
Breast Milk or Formula			fluid ounces	<b>♦</b>	Messy play
Fruit/Veg/or Combo				$\Diamond$	Riding toys
Grain				$\Diamond$	Other:
ATTN: Childcare Staff- See				r infants	
ages 0-5 months and 6-11 m		•	•		
<b>Toileting:</b>			Naps:		
(W) Wet (D) Dry	(BM) Bowel Mo	ovement	<del></del>		
Time:	_ (W) (D) (BM)		Down:	Up:	
Time:			Down:	_ Up:	
Time:	_ (W) (D) (BM)		Down:	Up:	
Time:	_ (W) (D) (BM)		Down:		
Time:	_ (W) (D) (BM)			_	
Time:	_ (W) (D) (BM)				
Observations today:					
Notes to Parents:					
Parents please bring in:	<u>.</u>				
Change of clothes	Diapers	Wipes	Formula/Breastr	milk	Bottles/Sippy Cup