

Infant Care Daily Routine

Child's Name _____ Arrival Time _____ Date _____

Arrival Information from my family:

My last bottle feeding was _____. My last solid food feeding was _____.

I woke up at _____ this morning. My mood today is _____.

My family brought _____ bottles and _____ solid food for me today!

My family wants you to know _____

School Day Information:

Naps From	To	Bottles Time/Ounces	Food Time	Medication Given	Items Needed
				__ Yes - Time __	__ Baby Food
				__ Yes - Time __	__ Diapers
				__ No	__ Wipes
				__ N/A	__ Extra Clothes

Diapering Schedule:

Please use diaper cream - Yes or No

Time		Initials	Time		Initials
	D W BM			D W BM	
	D W BM			D W BM	
	D W BM			D W BM	
	D W BM			D W BM	
	D W BM			D W BM	

My favorite part of the day was:

Special notes and milestones:

My teacher today was _____!