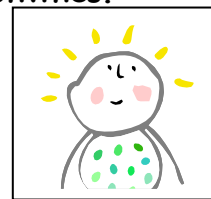


# Infant Daily Report

Please refer to lesson plan for more specific classroom activities.

1. Your child's mood throughout the day:

- |               |       |         |         |       |        |
|---------------|-------|---------|---------|-------|--------|
| a. Morning.   | Happy | Curious | Content | Fussy | Sleepy |
| b. Mid day.   | Happy | Curious | Content | Fussy | Sleepy |
| c. Afternoon. | Happy | Curious | Content | Fussy | Sleepy |



| Feeding Time: | Appetite | Amount | Staff | Int'l | Comments |
|---------------|----------|--------|-------|-------|----------|
|               |          |        |       |       |          |
|               |          |        |       |       |          |
|               |          |        |       |       |          |
|               |          |        |       |       |          |
|               |          |        |       |       |          |
|               |          |        |       |       |          |
|               |          |        |       |       |          |
|               |          |        |       |       |          |

**NAP TIMES:**

|   | From | To |                 |   | From | To |                 |
|---|------|----|-----------------|---|------|----|-----------------|
| 1 |      |    | Slept, Restless | 3 |      |    | Slept, Restless |
| 2 |      |    | Slept, Restless | 4 |      |    | Slept, Restless |

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.      | 6:30  | 7:00 | 7:30 | 8:00 | 8:30 | 9:00 | 9:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 |
|-----------|-------|------|------|------|------|------|------|-------|-------|-------|-------|-------|
| Comments: |       |      |      |      |      |      |      |       |       |       |       |       |
| P.M.      | 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: |       |      |      |      |      |      |      |       |       |       |       |       |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE A GREAT DAY !**

**End of the day Routine:** "what they need next"

| Time: | Feeding / Diapering / Nap |
|-------|---------------------------|
|       |                           |
|       |                           |
|       |                           |

Child's name: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_ Date: \_\_\_\_\_