



# Action Day Primary Plus

PRIVATE INFANT CARE · PRESCHOOL · ELEMENTARY · MIDDLE SCHOOL

## Daily Infant Care Record

Name \_\_\_\_\_ Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

How did your baby sleep last night?  Well  Poorly Woke at: \_\_\_\_\_ Last bottle/feeding \_\_\_\_\_

Morning mood?  Happy  Fussy Bowel movements?  Normal  Abnormal

General health? \_\_\_\_\_

Parent's Comments \_\_\_\_\_

### CAREGIVER USE

FOOD	Time	Food	Amount
Breakfast			

Lunch			

Snack			
AM			
PM			

Juice			

Milk			
	Cup/Bottle		

### NAPS

Time	From	To
AM		
PM		

### OUTSIDE PLAY

Time	Length

### MEDICATION

Time	Amount	Given by

Diaper Checks: D = Dry W = Wet BM = Bowel Movement

A.M.

P.M.

6:30	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00

Your child needs:

Diapers  Other \_\_\_\_\_

Caregiver's observations \_\_\_\_\_

Today I had fun \_\_\_\_\_

Caregiver \_\_\_\_\_