



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			

Juice	AM		
	PM		

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.

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 _____