

# Dracut Children's Center

## Infant Daily Report

**Infant Name**

Parent's Report about Infant	Staff's Report about Infant																																																				
<p>Infant slept: <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Not Well</p> <p>Infant seems: <input type="checkbox"/> happy <input type="checkbox"/> Fussy <input type="checkbox"/> other</p> <p>Time woke up: _____</p> <p>Time of last diaper change: _____</p> <p>Did your child eat before coming to DCC?  <input type="checkbox"/> No <input type="checkbox"/> yes      feeding time: _____</p> <p>List the foods or formula: _____</p>	<p style="text-align: center;"><b><u>Diapering</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Time</th> <th style="width: 15%;">Wet/BM</th> <th style="width: 70%;">Description/Ointments applied</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Wet/BM</td><td>_____</td></tr> <tr><td>_____</td><td>Wet/BM</td><td>_____</td></tr> <tr><td>_____</td><td>Wet/BM</td><td>_____</td></tr> <tr><td>_____</td><td>Wet/BM</td><td>_____</td></tr> <tr><td>_____</td><td>Wet/BM</td><td>_____</td></tr> <tr><td>_____</td><td>Wet/BM</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center;"><b><u>Feedings/Meals/Snacks</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Time</th> <th style="width: 60%;">Foods/Formula</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p><b><u>Naptime/Sleeping</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">From</th> <th style="width: 50%;">To</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Today's Activities</b></p> <p style="text-align: center;">Music   Tummy Time</p> <p style="text-align: center;">Physical Time   Read to</p> <p style="text-align: center;">Peek-a-Boo   Outdoors</p> <p style="text-align: center;">Other: _____</p> </div> <p style="text-align: center;"><b><u>Medication</u></b></p> <p>Name of Medication: _____</p> <p>Amount Given _____      Time Given _____</p> <p>Staff Initial _____</p>	Time	Wet/BM	Description/Ointments applied	_____	Wet/BM	_____	_____	Wet/BM	_____	_____	Wet/BM	_____	_____	Wet/BM	_____	_____	Wet/BM	_____	_____	Wet/BM	_____	Time	Foods/Formula	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	From	To	_____	_____	_____	_____	_____	_____	_____	_____
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<p>Has your child had medication before coming? <input type="checkbox"/> NO      <input type="checkbox"/> Yes</p> <p>Lists the name of medication, amount and time given:</p> <p>**Reason for medicine:</p>																																																					
<p>Special requests for your child today:</p> <p>What time will your child be picked up today and by whom?</p>																																																					
<p>Parent Signature</p>																																																					
<p><b>Supplies needed for your child:</b></p>	<p style="text-align: center;"><b><u>Child's Mood/Disposition</u></b></p> <p>This morning your child was: <input type="checkbox"/> happy      <input type="checkbox"/> Fine  <input type="checkbox"/> a little fussy      <input type="checkbox"/> Very fussy</p> <p>This afternoon your child was: <input type="checkbox"/> happy  <input type="checkbox"/> Fine      <input type="checkbox"/> a little fussy      <input type="checkbox"/> Very fussy</p> <p>Staff Signature _____</p>																																																				

Additional instruction or comments may be written on the back of this form