



PattyCake, PattyCake!



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### Infant Daily Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

For breakfast I ate: \_\_\_\_\_ all      some      none

For lunch I ate: \_\_\_\_\_ all      some      none

For snack I ate: \_\_\_\_\_ all      some      none

This is how many bottles I drank today:

Time: _____	Oz. _____	Time: _____	Oz. _____
Time: _____	Oz. _____	Time: _____	Oz. _____

This how much I slept today:

Nap time: _____ to _____	Nap time: _____ to _____
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My diapers were changed at:

_____	_____	_____	_____	_____
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My diapers were:

Dry/Wet/BM	Dry/Wet/BM	Dry/Wet/BM	Dry/Wet/BM	Dry/Wet/BM
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Diaper ointment was applied:

Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Activities I participated in:

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Today I was:

Happy	Playful	Inquisitive	Sleepy	Fussy
Crying	Quiet	Grouchy	Teething	Not Feeling Well

Supplies I need:

Diapers: ____	Clothing: ____	Breast Milk /Formula: ____	Food: ____	Ointment: ____
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Providers comments:

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