INFANT DAILY CARE RECORD				_	
Child's Name				Date	
Special In	structions	•			
Food Received				Naps:	
Time	Milk/Formula	Water/Juice	Food	Diaper Check:	
				W-Wet D-Dry BM-Bowel Movemen	
				Time Outdoors:	
				General Mood:	
				Medication:	
NFAN 'hild's N	T DAILY CA	RE RECOR			
NFAN Child's N	T DAILY CA	RE RECOR		Please remember to sign your child in and ou	
NFAN Child's N Special In Good Rec	T DAILY CA ame structions	RE RECOR	D	Please remember to sign your child in and ou Date Naps:	
NFAN hild's N pecial In	T DAILY CA	RE RECOR		Please remember to sign your child in and ou Date Naps: Diaper Check:	
NFAN hild's N pecial In	T DAILY CA ame structions	RE RECOR	D	Please remember to sign your child in and ou Date Naps: Diaper Check:	
NFAN Child's N Special In Sood Rec	T DAILY CA ame structions	RE RECOR	D	Please remember to sign your child in and ou Date Naps: Diaper Check: W-Wet D-Dry BM-Bowel Movement	
NFAN Child's N Special In Good Rec	T DAILY CA ame structions	RE RECOR	D	Please remember to sign your child in and ou Date Naps: Diaper Check: W-Wet D-Dry BM-Bowel Movement Time Outdoors:	