

# Daily Infant Sheet

## From my house:

Name: Ben Johnson Date: 11/7/18 I woke up at: 7am I am:  0-5 Months Old  
My night was: not good, up a lot, woke @ 3am <sup>fell asleep</sup> @ 5  6-11 Months Old  
This morning I have eaten: Breast milk @ 7am

## From my caregivers:

### For Breakfast I had:

Time: 9:30am

Breast Milk or Formula \_\_\_\_\_ 4 fluid ounces

~~Fruit/Veg/or Combo~~ \_\_\_\_\_ Tbsp.

~~Grain or Meat/Meat Alternate~~ \_\_\_\_\_ Tbsp./ounces

### For Lunch I had:

Time: 12:30pm

Breast Milk or Formula \_\_\_\_\_ 6 fluid ounces

~~Fruit/Veg/or Combo~~ \_\_\_\_\_ Tbsp.

~~Grain or Meat/Meat Alternate~~ \_\_\_\_\_ Tbsp./ounces

### For Snack I had:

Time: 2:00pm

Breast Milk or Formula \_\_\_\_\_ 6 fluid ounces

~~Fruit/Veg/or Combo~~ \_\_\_\_\_ Tbsp.

~~Grain~~ \_\_\_\_\_

Additional Bottle @ 4pm - 4oz

## Today I enjoyed:

Floor time

Music

Books

Blocks

Outside

Gym

Messy play

Riding toys

Other: \_\_\_\_\_

**ATTN: Childcare Staff- See CACFP Meal Pattern for serving size requirements for infants ages 0-5 months and 6-11 months, document food served and the serving size.**

## Toileting:

(W) Wet (D) Dry (BM) Bowel Movement

Time: 10:00 (W) (D) (BM)

Time: 11:30 (W) (D) (BM)

Time: 1:00 (W) (D) (BM)

Time: 2:30 (W) (D) (BM)

Time: \_\_\_\_\_ (W) (D) (BM)

## Naps:

Down: 11:00a Up: 11:30a

Down: 12:45p Up: 1:00p

Down: 1:50p Up: 2:00p

Down: 3:00p Up: 3:20p

Observations today: very fussy - no good naps today

Notes to Parents: seemed to be tugging on right ear 

## Parents please bring in:

Change of clothes

Diapers

Wipes

Formula/Breastmilk

Bottles/Sippy Cup

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