

to be completed by parent

INFANT DAILY RECORD El bebé registro diario

CHILD Mimi

PARENT Rachel PHONE# (555) 555-7555

CHANGE IN EMERGENCY CONTACT n/a

TIME OF ARRIVAL 7:30 AM DATE 1/1/16



¿Como se ajustó bebé?

BABY SEEMS ACTIVE AS USUAL FUSSY TEETHING

BABY SLEPT SOUNDLY DID NOT SLEEP WELL
baby woke up at _____

BABY ATE ATE BEFORE ARRIVAL 6:00AM 3oz
time baby ate / how much? _____

BOWEL MOVEMENTS frequency _____ consistency _____

ACCIDENT NO YES (if yes, please describe)
TYPE _____
(bruise, scrape, burn, cut, etc.)
LOCATION _____

SPECIAL INSTRUCTIONS None

MEDICATIONS None

to be completed by **staff**

ACTIVITY REPORT Informe de actividad

CHILD

Mimi

DATE

1/1/16

BOTTLES Biberones

7:45am

10:30am

1:30pm

3:00pm

4oz

3oz

2oz

3oz

BREAKFAST

AM SNACK

LUNCH

PM SNACK

time

10am

1:10pm

liquids

rice
cereal
w/ carrots

rice cereal
with
peaches

solids

amount

≈ 1 cup

≈ 1/2c

DIAPERS Pañales

8AM

10AM

W

BM

W
wet

BM
bowel
movement

D
dry

DIAPERS
needed

WIPES
needed

OINTMENT
needed

NAPS Siestas

from

8:30AM

to

10:00AM

from

12:00pm

to

1:05pm

from

to

COMMENTS Comentarios meds given, disposition, new developmental tasks, etc.

Mimi had a good day! 😊