





ELIBUNNY Family Child Care Infant Daily Report

Name:		Date:							
	My provid	er wants to sh	are what :	I did to	day!				
For Breakfast I ate:								some	none
For Lunch I ate:							all	some	none
For snack I ate:							all	some	none
This is how many bott	les I drank to	day:							
Time:	ïme: oz:			Time:					
Time: oz:			Time:						
	Time: oz: Time:					oz:			
Bowel Movements:	1 2 3 4	They were:	Normal	Loose	Hard				
Nap time:	Nap time:to			time:		to			
Today I was:			•						
	SLEEPY QU			•					
Activities I participat									
Special Notes from m	ıy Provider:								
My provider	wants to remi	nd you to pleas	se bring th	ne follow	ving to da	ycare t	omorro	ow!	
Diapers	_ Diaper Oin	tment	Wipes _	F	ormula		Powde	r	
	Baby Food								-
	n:								
My parent wants to sl	hare with my p	rovider this ir	nformation	n today _					
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