

DAILY INFANT CARE

(AR 608-10)

DATE

PART I: PARENT INFORMATION (To be filled out by parent)

CHILD'S NAME

AGE

PARENT'S NAME

RETURN TIME

TODAY I BROUGHT FROM HOME: BOTTLES ____ DIAPERS ____ FOOD _____

MY BABY LAST ATE

LAST SLEPT

MY BABY WILL WANT TO SLEEP AT

FEEDING SCHEDULE

FOOD FROM HOME

AM

PM

ENTER FOOD (PLEASE CHECK)

BABY FOOD

____ MORNING SNACK

MILK

____ LUNCH

JUICE

____ AFTERNOON SNACK

SPECIAL INSTRUCTIONS, ALLERGIES:

____ SUPPER

____ EVENING SNACK

FHT FORM APR 93 **608-X26** (DCA) REPLACES FH FORM 6134 (JUL 86) WHICH MAY BE USED

PART II: CENTER INFORMATION (To be filled out by center for parent)

DIAPER CHECKS

AM

PM

YOUR BABY SLEPT

YOUR BABY ATE

WHAT

WHEN

____ TO ____

COMMENTS:

X - DRY

BM - BOWEL MOVEMENT

W - WET

S - SLEEPING

NUMBER OF DIAPERS USED _____

YOUR BABY WAS _____ TODAY