



*CHILD AND YOUTH SERVICES (CYS)
TINCHER CHILD DEVELOPMENT CENTER
INFANT DAILY RECORD*

DATE: _____ AGE: _____ TIME IN: _____

NAME: _____

NUMBER OF BOTTLES: MILK _____ WATER _____ SIPPY CUPS W/ JUICE _____

NUMBER OF JARS OF SOLID FOOD: _____

TIME AND AMOUNT OF LAST FEEDING AT HOME: _____

_____ PARENT'S INITIALS: _____

ALL FOOD BROUGHT TO THE CENTER BY PARENTS MUST BE DATED AND LABELED WITH THE CHILD'S NAME. ALL JARS OF FOOD MUST BE UNOPENED. IT IS AGAINST REGULATION TO PREPARE FORMULA IN THE CENTER. ALL BOTTLES MUST BE PLASTIC.

BOTTLES AND FOOD GIVEN: _____

NUMBER OF DIAPERS BROUGHT IN: _____ WIPES _____

DIAPER CHANGES: _____

NAPS: _____

**CODES: W=wet, D=dry, S=sleeping, BM=bowel movement, F=formula, J=juice,
WA=water, M=milk, BF=baby food, TF=table food.**

ALL UNOPENED JARS OF BABY FOOD AND UNUSED FORMULA WILL BE RETURNED TO THE PARENTS AT THE END OF THE DAY.

NOTES FROM STAFF TO PARENTS: _____