

**PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES
INFANT/TODDLER DAILY REPORT**

Child's Name _____

Date _____

PARENT'S SECTION

TIME OF ARRIVAL: _____ HOW DID CHILD SLEEP LAST NIGHT? _____

FORMULA: _____ BREAKFAST AT HOME? ☐ Yes ☐ No

MOOD UPON ARRIVAL? ☐ Happy ☐ OK ☐ Sleepy ☐ Grouchy ☐ Crying

CAREGIVER NOTICED: ☐ Runny Nose ☐ Cough ☐ Congestion

Temperature: A.M. = _____ P.M. = _____

☐ Rash ☐ Diarrhea ☐ Bruises ☐ NONE

ANY DIFFERENT PHONE NUMBERS OR PICK-UP INFO TODAY? _____

COMMENTS: _____

CAREGIVER'S SECTION

	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00
NAPS								
FLUIDS	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.
SOLIDS								
DIAPERS	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM	D W BM

MINOR ACCIDENTS/INCIDENTS: _____

TEACHER'S COMMENTS: (Behavior, Milestones)

PICKED UP BY: _____ TIME: _____

White – School

Yellow – Parent