

Infant Visit Form

Employee Name _____ Date _____ Time In _____ Time Out _____ Day / Hourly

Infant must be checked in with all necessary pre-made bottles, food, diapers, clothes, ect.

Parent's Section:

Parent / Guardian Name: _____ Contact Number: _____

Child's Name: _____

DOB: _____ Reg on File Y or N

Last Ate at: _____ Woke up at: _____

Last Diaper Change: _____

Special Notes: _____

Circle Meal: NONE, HOME MEAL, BUY MEAL

Circle Food / Drink ok to serve: ALL, NONE, or 2% Milk, Juice, Ritz Crackers, Goldfish, Graham Crackers, Cheerios, Yogurt, Waffles, Oatmeal, Chicken Nuggets, Chicken Taquitos, Bagel Bites/Pizza, Green Beans, Mixed Veggies, Applesauce, Banana

Teacher's Section:

Infant Teacher: _____ Crib # _____

Diaper Changes :

Time: _____ BM WET DRY Time: _____ BM WET DRY Time: _____ BM WET DRY

Time: _____ BM WET DRY Time: _____ BM WET DRY Time: _____ BM WET DRY

Time: _____ BM WET DRY Time: _____ BM WET DRY Time: _____ BM WET DRY

Time: _____ BM WET DRY Time: _____ BM WET DRY Time: _____ BM WET DRY

Time: _____ BM WET DRY Time: _____ BM WET DRY Time: _____ BM WET DRY

Meals, Snacks, Bottles:

All food/bottles must be listed whether it is consumed or refused. List the AMOUNT consumed.

Must offer food at least every 2 hrs.

Time: _____ Description: _____

Time: _____ Description: _____

Time: _____ Description: _____

Time: _____ Description: _____

Time: _____ Description: _____

Time: _____ Description: _____

Time: _____ Description: _____

Time: _____ Description: _____

Naps / Sleep:

From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

Personal Items:

1. _____

2. _____

3. _____

Items in Fridge:

1. _____

2. _____

3. _____