

# Infant Visit Form

Employee Name \_\_\_\_\_ Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Crib # \_\_\_\_\_

**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: \_\_\_\_\_ Last Ate at: \_\_\_\_\_ Woke up at: \_\_\_\_\_

Last Diaper Change: \_\_\_\_\_ Milk / Bottle Temp.: Warm or Cold

Special Notes: \_\_\_\_\_

**Circle Meal:** NONE, HOME MEAL, BUY MEAL

**Circle Food / Drink Ok To Serve:** ALL, NONE, or 1% Milk, Juice, Ritz Crackers, Goldfish, Graham Crackers, Cheerios, Saltine Crackers, Waffles, French Toast, Chicken Nuggets, Soup, Mozzarella Sticks, Pizza/Pizza Rolls, Mixed Veggies, Applesauce, Fruit Cocktail, Yogurt

## Teacher's Section:

Infant Teacher: \_\_\_\_\_ Crib # \_\_\_\_\_

### Diaper Changes :

Time: \_\_\_\_\_ BM WET DRY Time: \_\_\_\_\_ BM WET DRY Time: \_\_\_\_\_ BM WET DRY

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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: \_\_\_\_\_

### Personal Items:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

### Items in Fridge:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

### Teacher Notes:

\_\_\_\_\_

