

**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