Infant/Toddler Daily Record
National Regulations 78 & 168

Educator: _____

Child's Name:		Date:	

Meal Intake		Bottle Intake		Nappy Changes						Comments
		Time	Amount							
Breakfast										
M/T										
Lunch										
A/T										
Snacks										

Child's Name:		Date:	

Meal Intake		Bottle Intake		Nappy Changes						Comments
		Time	Amount							
Breakfast										
M/T										
Lunch										
A/T										
Snacks										

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		Time	Amount							
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M/T										
Lunch										
A/T										
Snacks										

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