Child Care Daily Record

Child's Name _____ Date _____

Breakfast	_____	Time _____
AM Snack	_____	Time _____
Lunch	_____	Time _____
PM Snack	_____	Time _____

Bottles:	Naps:
_____ Ounces at _____	From _____ to _____
_____ Ounces at _____	From _____ to _____
_____ Ounces at _____	From _____ to _____
_____ Ounces at _____	From _____ to _____

Diapers

Time	Wet	BM	Dry

Medications, Treatments Taken and/or Notes

_____

_____

_____

Child Care Daily Record

Child's Name _____ Date _____

Breakfast	_____	Time _____
AM Snack	_____	Time _____
Lunch	_____	Time _____
PM Snack	_____	Time _____

Bottles:	Naps:
_____ Ounces at _____	From _____ to _____
_____ Ounces at _____	From _____ to _____
_____ Ounces at _____	From _____ to _____
_____ Ounces at _____	From _____ to _____

Diapers

Time	Wet	BM	Dry

Medications, Treatments Taken and/or Notes

_____

_____

_____