

**Child Care Daily Record**

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Child's Name \_\_\_\_\_ Date \_\_\_\_\_

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Breakfast: \_\_\_\_\_ Time: \_\_\_\_\_

AM Snack: \_\_\_\_\_ Time: \_\_\_\_\_

Lunch: \_\_\_\_\_ Time: \_\_\_\_\_

PM Snack: \_\_\_\_\_ Time: \_\_\_\_\_

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

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Diapers			
Time	Wet	BM	Dry

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Medications, Treatments Times and/or Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Lunch: \_\_\_\_\_ Time: \_\_\_\_\_

PM Snack: \_\_\_\_\_ Time: \_\_\_\_\_

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_____ Ounces at ____:____	From ____:____ to ____:____
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Diapers			
Time	Wet	BM	Dry

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Medications, Treatments Times and/or Notes:

\_\_\_\_\_

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\_\_\_\_\_