

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 Times 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 Times and/or Notes:
