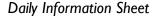
TODDLER ROOM Daily Information Sheet





arent Rep	ort							
Child's Name						Date: _	_ Date:	
Who is picking up your child today?						Pick up	_ Pick up time:	
					(R	keminder: tu	ition covers a <u>9-hour</u> time slot	
Food: How did your child eat last night?				Ate well		me	Didn't eat much	
Did yo	our child	l have breakfast at home	this mo	orning? Yes	No	Time: _		
If so, how did your child eat?			Ate well		Ate so	me	Didn't eat much	
leep: How	v did you	Slept well		Slept some		Didn't sleep well		
	ing Info	rmation:				rmation		
	Amt.	Food			to to			
Breakfast (7:30-8:00 if							<u> </u>	
requested) A.M. Snack				Diaper Changes		elf- oileting	Diaper Change Key:	
Lunch								
							BM - Bowel Movement W - Wet	
							D - Dry	
							Self-Toileting Key:	
							BM - BM on toilet W - Wet on toilet	
							T - Tried to use toilet R - Refused to use toilet	
							A - Accident/Soiled Clothing	
.M. Snack								
• •	•	o be replenished:						
liapers sl	nirts	pants ointment	socks	undershi	rts			
nderwear	sheet	blanket other: _						
Additional (observa	tions by caregivers:						
				Caregive	ers			