



TODDLER ROOM

Daily Information Sheet

Parent Report

Child's Name _____ Date: _____

Who is picking up your child today? _____ Pick up time: _____

Food: How well did your child eat dinner last night? Ate well Ate a little Didn't eat much

Did your child have breakfast at home? If so, how well did he/she eat? Ate well Ate a little Didn't eat much

Sleep: How well did your child sleep last night? Slept well Slept a little Didn't sleep well

Special instructions for the day and/or information concerning your child: _____

Feeding Information:

Breakfast <small>(optional from 7:30-8:00 am only)</small>	Amount	Food Item(s)
A.M. Snack		
		Milk
		Water
Lunch		
P.M. Snack		

Diaper Changes/Self-Toileting

Diaper Change Key:
 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

Nap Information: _____ to _____

Supplies needing to be replenished:

- diapers shirts pants ointment socks undershirts underwear sheet blanket
- other: _____

Caregivers: _____

Additional observations by Caregivers: _____



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