

TODDLER ROOM

Daily Information Sheet



Parent Report

Child's Name _____ Date: _____

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

(Reminder: tuition covers a 9-hour time slot)

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

Did your child have breakfast at home this morning? Yes No Time: _____

If so, how did your child eat? Ate well Ate some Didn't eat much

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

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

Feeding Information:

	Amt.	Food
Breakfast (7:30-8:00 if requested)		
A.M. Snack		
Lunch		
P.M. Snack		

Sleeping Information

	to	
	to	

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

Supplies needing to be replenished:

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

Additional observations by caregivers: _____

Caregivers _____