

Child's Daily Care Report

Child's Name _____ Date _____

Day Care Section

What I ate Today

Meal	How much I ate	What I ate
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		

Naptime

Today I slept from _____ until _____. Notes: _____

Potty Times

Time	Wet	BM	Toilet/Diaper

I had fun when we _____

Please bring more: ☐ diapers ☐ clothes ☐ other