

Daily Activity Chart for Infants and Toddlers

Parent Information

Child Name: _____ Today's Date: _____
 Where can we reach you today? Work Cell Home Other/New _____
 What time will your child be picked up? _____ By whom? _____
 How did child sleep? _____ Time child woke up? _____
 Time and amount of last feeding? _____
 Any recent changes that may affect your child's day? _____

Staff Information

Nap Time		Diaper Changes		Bottles		
From:	To:	Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
From:	To:	Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
From:	To:	Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
From:	To:	Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
From:	To:	Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
		Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
		Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
		Time:	W/BM/D/XX			
		Time:	W/BM/D/XX			

W=Wet BM=Bowel Movement
 D=Dry XX=Diarrhea

Meals

Breakfast:		Your child ate: <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Refused
Lunch:		Your child ate: <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Refused
Snack:		Your child ate: <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Refused

Please check if tooth-brushing has been completed:
 The story about my day:

Parent Signature: _____

Staff Signature _____

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From:	To:	Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
		Time:	W/BM/D/XX	Time:	Amount:	F/B/W/J
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