

Child Care Daily Record

Child's Name

Date

Breakfast: _____ Time: _____

AM Snack: _____ Time: _____

Lunch: _____ Time: _____

PM Snack: _____ Time: _____

Bottles:

Naps:

_____ Ounces at ____:_____ From ____:___ to ____:_____

_____ Ounces at ____:_____ From ____:___ to ____:_____

_____ Ounces at ____:_____ From ____:___ to ____:_____

_____ Ounces at ____:_____ From ____:___ to ____:_____

Diapers

Time	Wet	BM	Dry

Medications, Treatments Times and/or Notes:

Child Care Daily Record

Child's Name

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Breakfast: _____ Time: _____

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Diapers

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Medications, Treatments Times and/or Notes:

