

DAILY TODDLER REPORT

(6-48 MONTHS)

Name: _____ Date: _____

Daycare Caregiver: _____ Caregiver Contact Number: _____

FEEDING:

Time ____ : ____ / Quantity: _____

Time ____ : ____ / Quantity: _____

Time ____ : ____ / Quantity: _____

Time ____ : ____ / Quantity: _____

DIAPERS

Time: ____ : ____ & I went: ☐ 1 ☐ 2

Time: ____ : ____ & I went: ☐ 1 ☐ 2

Time: ____ : ____ & I went: ☐ 1 ☐ 2

Time: ____ : ____ & I went: ☐ 1 ☐ 2

Time: ____ : ____ & I went: ☐ 1 ☐ 2

MEDICINE

Time ____ : ____ / Dose: _____

Time ____ : ____ / Dose: _____

Time ____ : ____ / Dose: _____

Time ____ : ____ / Dose: _____

SLEEP

I slept at ____ : ____ & Rested for: _____

I slept at ____ : ____ & Rested for: _____

I slept at ____ : ____ & Rested for: _____

PLEASE BRING MORE...

- ☐ Diapers
- ☐ Wipes
- ☐ Formula/milk
- ☐ Cream
- ☐ Medicine
- ☐ Clothes: _____
- ☐ Other: _____

HEALTH AND MOOD

- ☐ Gassy
- ☐ Fussy
- ☐ Diaper Rash
- ☐ Fever
- ☐ Cold/Flu
- ☐ Vomiting
- ☐ Extra Tired
- ☐ Teething
- ☐ Sickness: _____
- ☐ Today's Overall Mood: _____

NOTES AND OBSERVATIONS:
