

PARENT SECTION		Arrival / Pick – up information
Child's name: _____ Contact person and telephone number for today: ()	Arrival time: _____ am/pm Pick up time: _____ am/pm Pick-up person's name: _____	
General Morning well – check: _____ (Caregiver initials) Special instructions for today: _____ Sunscreen <input type="checkbox"/> I put sunscreen on my child: <input type="checkbox"/> Staff put sunscreen on child:	Medication <input type="checkbox"/> My child needs medication today. <input type="checkbox"/> My child had medicine today at: _____ <input type="checkbox"/> Staff gave medication at: _____ <input type="checkbox"/> Center has enough medication on hand. <input type="checkbox"/> Staff noticed possible side effects/reaction to Meds.	
Last ate: _____ am/pm <input type="checkbox"/> Bottle: _____ oz. (fill in) <input type="checkbox"/> Nursing Ate: <input type="checkbox"/> Little <input type="checkbox"/> Normal <input type="checkbox"/> Lots	Last change/potty: _____ am/pm Comments:	Slept from _____ to _____ <input type="checkbox"/> Slept peacefully <input type="checkbox"/> Woke often Comments:

CAREGIVER SECTION

Meals	Bathroom	Sleep
Time: _____ am/pm Food: _____ _____ _____ Feeding Skills _____ Ate: <input type="checkbox"/> Little <input type="checkbox"/> Normal <input type="checkbox"/> Lots	Time: _____ am/pm _____ (pc initials) <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Bm <input type="checkbox"/> Dh <input type="checkbox"/> Potty <input type="checkbox"/> Applied Diaper Rash Ointment	_____ am/pm to _____ am/pm <input type="checkbox"/> Slept peacefully <input type="checkbox"/> Woke often
Time: _____ am/pm Food: _____ _____ _____ Feeding Skills _____ Ate: <input type="checkbox"/> Little <input type="checkbox"/> Normal <input type="checkbox"/> Lots	Time: _____ am/pm _____ (pc initials) <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Bm <input type="checkbox"/> Dh <input type="checkbox"/> Potty <input type="checkbox"/> Applied Diaper Rash Ointment	
Time: _____ am/pm Food: _____ _____ _____ Feeding Skills _____ Ate: <input type="checkbox"/> Little <input type="checkbox"/> Normal <input type="checkbox"/> Lots	Time: _____ am/pm _____ (pc initials) <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Bm <input type="checkbox"/> Dh <input type="checkbox"/> Potty <input type="checkbox"/> Applied Diaper Rash Ointment	_____ am/pm to _____ am/pm <input type="checkbox"/> Slept peacefully <input type="checkbox"/> Woke often
Time: _____ am/pm Food: _____ _____ _____ Feeding Skills _____ Ate: <input type="checkbox"/> Little <input type="checkbox"/> Normal <input type="checkbox"/> Lots	Time: _____ am/pm _____ (pc initials) <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Bm <input type="checkbox"/> Dh <input type="checkbox"/> Potty <input type="checkbox"/> Applied Diaper Rash Ointment	_____ am/pm to _____ am/pm <input type="checkbox"/> Slept peacefully <input type="checkbox"/> Woke often
Time: _____ am/pm Food: _____ _____ _____ Feeding Skills _____ Ate: <input type="checkbox"/> Little <input type="checkbox"/> Normal <input type="checkbox"/> Lots	Time: _____ am/pm _____ (pc initials) <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Bm <input type="checkbox"/> Dh <input type="checkbox"/> Potty <input type="checkbox"/> Applied Diaper Rash Ointment	Accident Report: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain briefly:

Comments: (activities, supplies needed, general mood)

Primary Caregiver Signature: _____