



Happy Beginnings Child Care Program

Daily Report

Name : _____ Date: _____

TO BE FILLED OUT BY PARENT:

Arrival Time : _____ Estimated Leaving Time: _____

Time Last Fed: _____ Time Last Slept: _____

Last Diaper Change: _____

Medication: _____

TO BE FILLED OUT BY PROVIDER:

Diapering: _____

Feedings:	Time	Type of Food	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Bowel Movement: ____Normal ____Atypical : _____

Sleeping: From _____ To _____ / From _____ To _____ / From _____ To _____

Activities: _____

Supplies needed: _____



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