

Hazardville Day Care Infant/Toddler Communication Sheet

Child's Name _____ Date _____ Any Special Instructions to Teachers for the day: _____ Will both parents be at work today? Yes No Who will be available to take phone calls Mom Dad Alternative number if you will not be at work _____ Who will pick up your child today? _____ What time will they go home? _____ Child's mood has been? _____ What medications has child taken today? _____ Any new bumps, bruises or symptoms of illness? _____ Last Diaper Change? _____ How did your child sleep last night? _____ Wake up time _____ Last feeding and amount _____

Naps:

Time Asleep _____ to _____ How did they sleep? Great Cot or pack n' play _____ woke up a few times Rocked to sleep rubbed back went to sleep on their own Outdoor time _____ to _____ buggy or playground Outdoor time _____ to _____ buggy or playground

Bottles (if needed):

Time	Amount

Meals:

	Time	Food	%eaten	Food	%eaten	Food	%eaten	Drink	%drank
Breakfast									
Am Snack									
Lunch									
Pm Snack									
4pm snack									

Diaper Changes:

Wet	BM	Wet	BM	Wet	BM	Wet	BM	Wet	BM	Wet	BM	Wet	BM
Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry

Potty Visits

Peed	pooped	nothing	refused	Peed	pooped	nothing	refused	Peed	pooped	nothing	refused	Peed	pooped	nothing	refused	Peed	pooped	nothing	refused
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We need more: Diapers Wipes Clothes Bibs Sheets Blankets Diaper Cream

Today's Activity: _____

Any concerns for the day?
