

Child Care Check-in Sheet			
_____	_____		
Child's Name	Date		
Drop off time: _____		Pick up time: _____	
Last feeding was: _____	Time: _____		
Last bottle was: _____	Time: _____		
Last diaper changed at what time? _____			
In the past 12 hours have you noted any of the following?			
	Yes	No	Notes
Fever	_____	_____	_____
Diaper rash	_____	_____	_____
Other rash	_____	_____	_____
Persistent diarrhea	_____	_____	_____
Reflux or vomiting	_____	_____	_____
Medications, treatments, dosage and times if applicable			
_____			
_____			
Is there anything you would like for us to know about or watch for?			
_____			
_____			
_____			

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