



Clubhouse Kids Infants, Toddlers, and Twos Daily Report

CIRCLE the Day of the Week: Monday Tuesday Wednesday Thursday Friday

Child's Name: _____

Date: _____

Staff member(s) assigned to this child today: _____

Special instructions for the day? Y / N

Details: _____

Medication administered today? Y / N

Details: _____

Health concerns observed today? Y / N

Details: _____

Did any "boo-boos" or other notable incidents occur today? Y / N

Details: _____

Activities/developmental info:

Details: _____

Bottles:

#1: Amt: _____ Time: _____	#3: Amt: _____ Time: _____	#5: Amt: _____ Time: _____
#2: Amt: _____ Time: _____	#4: Amt: _____ Time: _____	#6: Amt: _____ Time: _____

Meals & Meal Times:

Brkfst: _____ Time: _____	Lunch: _____ Time: _____	Snack: _____ Time: _____
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Naps:

#1: Start: _____ to End: _____	#2: Start: _____ to End: _____	#3: Start: _____ to End: _____
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Diapering/Potty Training:

#1 Time: _____ wet / bm / diarrhea / pt	#3 Time: _____ wet / bm / diarrhea / pt	#5 Time: _____ wet / bm / diarrhea / pt
#2 Time: _____ wet / bm / diarrhea / pt	#4 Time: _____ wet / bm / diarrhea / pt	#6 Time: _____ wet / bm / diarrhea / pt

Need Materials? CIRCLE: Diapers | Wipes | Bibs | Backup Clothes | Bedding | Other (details below)

Details: _____

Notes for parent at pick up:

