U.S. Army Child & Youth Services

CDS CERTIFIED FAMILY CHILD CARE FORT SILL, OK

FAMILY CHILD CARE
Fort Sill, Oklahoma
Infant/Toddler Daily Report

Name: _____ Date _____

Parent Comments: _____

_____

Bottles and Food Given: (times & codes) _____

_____

CODES: F=Formula, J=Juice, WA=Water, M=Milk

B: Breakfast L: Lunch S: Snack

Time of Nap(s) _____

Ate Well: B L S
Ate a Little: B L S
Did Not Eat: B L S

D: Dry **BM: Bowel Movement** **A: Accident**
W: Wet **T: Tried** **P: Potty**

TIME	DIAPER	TOILET
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P
_____	D W BM	T A BM P

Please Provide Additional:

Diapers Wipes
Pull-Ups Clothing _____
Other _____

Provider Comments: _____

_____

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(CYS) 1 Aug 00