

Child: _____ Date: _____

My Day in Feb 2



How did I eat today?

Breakfast: Well Some Milk Only None

Lunch: Well Some Milk Only None

P.M. Snack: Well Some Milk Only None

Rest Time: I slept from _____ to _____
I was quiet / restless

Toileting (T=Toilet):

Time: _____ Dry Wet BM: Firm Loose Diarrhea

Time: _____ Dry Wet BM: Firm Loose Diarrhea

Time: _____ Dry Wet BM: Firm Loose Diarrhea

Time: _____ Dry Wet BM: Firm Loose Diarrhea

Time: _____ Dry Wet BM: Firm Loose Diarrhea

How I seemed to Feel:

Morning: Quiet Happy Sensitive Tired Didn't Feel Well Runny Nose (clear / green)

Afternoon: Quiet Happy Sensitive Tired Didn't Feel Well Runny Nose (clear / green)

Activities Today:

- | | | | |
|--|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Dramatic Play | <input type="checkbox"/> Blocks | <input type="checkbox"/> Math | <input type="checkbox"/> Outside! |
| <input type="checkbox"/> Music | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Self Help | |
| <input type="checkbox"/> Art/Senses | <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Story Time / Language | |

See Teacher About:

- Accident Form
- Incident Form

Special Activity / Milestone:

Medication Given: _____ Time: _____ Teacher: _____

Supplies needed: Diapers Wipes Clothes Other:

Comments:

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