

Dracut Children's Center

Toddler Daily Report

Child's Name

Date

Parent's Report about Toddler

Toddler slept Good OK Not well

Toddler seems Happy Fussy Other

Did your child eat before coming to DCC? No Yes

Feeding time:

Foods:

Amount:

Has your child had medication before coming? No Yes

List the names of medication, amount and time given:

Reason for medication:

What time will your child be picked up and by whom:

Parent Signature

Staff's Report about Toddler

For AM snack I ate: all some I wasn't hungry

For lunch I ate: all some I wasn't hungry

For PM snack I ate: all some I wasn't hungry

This is how much I slept today: Nap time ____ to ____

Diapering/Toileting

Time	Wet	BM	Description/Ointment
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

My Mood was:

<input type="checkbox"/> Happy	<input type="checkbox"/> Playful	<input type="checkbox"/> Quiet	<input type="checkbox"/> Talkative	<input type="checkbox"/> Helpful	<input type="checkbox"/> Cuddly	
<input type="checkbox"/> Excitable	<input type="checkbox"/> Silly	<input type="checkbox"/> Sad	<input type="checkbox"/> Demanding	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Bossy	<input type="checkbox"/> Grumpy
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Had difficulty sharing	<input type="checkbox"/> Energetic	<input type="checkbox"/> Shy			

Staff comments:

Today I played with the following:

<input type="checkbox"/> Free play	<input type="checkbox"/> Painted	<input type="checkbox"/> Was read to	<input type="checkbox"/> Colored	<input type="checkbox"/> Played games	
<input type="checkbox"/> Blocks	<input type="checkbox"/> Play dough	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Played dress up	<input type="checkbox"/> Sand play	
<input type="checkbox"/> Music	<input type="checkbox"/> Sand	<input type="checkbox"/> Outside play	<input type="checkbox"/> Puppets	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Dolls
<input type="checkbox"/> Cars	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Play kitchen	<input type="checkbox"/> Other _____		

Supplies I Need:

Staff Signature