



Creative Corner Child Development Center

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CHILD'S NAME	TODAY'S DATE	TIME OF ARRIVAL	LAST FEEDING

BOTTLE FEEDING/MEALS /SNACK

TIME	MEAL	AMOUNT

DIAPER CHANGE

TIME	W= WET D=DRY BM=BOWEL MOVEMENT T=Topical Ointment			
	W	D	BM	T

SLEEP	
START	END

I WAS..... TODAY
HAPPY
SLEEPY
FUSSY
IRRITABLE
OTHER:

I NEED MORE

DIAPERS
CHANGE OF CLOTHES
BIBS
WIPES
FORMULA/MILK
SNACK
FOOD
DIAPER OINTMENT
INSECT REPELLENT
OTHER:

ACTIVITIES I PARTICIPATED IN TODAY

TUMMY TIME
MUSIC
STORY TIME
OUTDOOR PLAY
SIGN LANGUAGE
ART
PUPPET PLAY
EXERSAUCE
OTHER:

MESSAGE FROM TEACHER

REQUIRED: ALL ITEMS BROUGHT TO THE CENTER MUST BE LABELED WITH FIRST NAME AND LAST INITIAL.

INFANT DAILY SHEET