**FHCCS Care Provider Log Book for Week from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**(Includes: Attendance Records, Cleaning Checklists, Unusual Occurrence/Special Events, and Daily Programming)

**Attendance** (**P** – Present, **A** – Absent, **S** – Sick, **H** – Holiday, **V** – Parent’s Vacation, **N/A** – Care Provider Not Available)

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| Full Name of Child: | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |

**Attendance Comments** *Reason for absence(s) & detail symptoms for absences due to sickness here*:
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**High-Touch Surfaces & Bathroom Cleaning (Weekly Checklist)**

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|  | High Touch Surfaces | BathroomSurfaces |
| *Mid A.M.* | *Mid P.M.* |
| **Mon** |  |  |  |  |
| **Tues** |  |  |  |  |
| **Wed** |  |  |  |  |
| **Thurs** |  |  |  |  |
| **Fri** |  |  |  |  |

**Common High-Touch Surfaces**:
- Tables & Hard-Backed Chairs
- Light Switches & Doorknobs
- Cupboard & Drawer Handles
- Desks, Phones & Keyboards
- Touchscreens & Electronics
- Counters & Shelving Units

**Bathroom Surfaces** *(at least twice daily)***:**- Toilet (Bowl, Handle, Back, Seat, Lid)
- Sinks (Bowl, Taps, Faucet)
- Soap & Sanitizer Dispensers
- Floors Swept & Disinfected
- Counters Cleaned & Disinfected
- Check Paper Towel, Soap, Toilet Paper

**Hand-Washing (Weekly Checklist)**

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| *Students should wash their hands:* | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | *Care Provider should wash their hands:* | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** |
| At Arrival |  |  |  |  |  | At Start of Shift |  |  |  |  |  |
| Before Eating  |  |  |  |  |  | Before Meal Prep |  |  |  |  |  |
| After Eating |  |  |  |  |  | After Meal Prep |  |  |  |  |  |
| Before Outside Play |  |  |  |  |  | Before Outside Play |  |  |  |  |  |
| After Outside Play |  |  |  |  |  | After Outside Play  |  |  |  |  |  |
| Before Naptime |  |  |  |  |  | Before Diapering |  |  |  |  |  |
| After Naptime |  |  |  |  |  | After Diapering |  |  |  |  |  |
| When Visibly Soiled |  |  |  |  |  | After Cleaning |  |  |  |  |  |
| After the Washroom |  |  |  |  |  | After the Washroom |  |  |  |  |  |

 **Toys & Equipment Cleaning (Weekly Checklist)**

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| \****Please Note Disinfectant Used:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Toys in Play Area are Cleaned/Disinfected  |  |  |  |  |  |
| Shared Play Equipment is Cleaned/Disinfected |  |  |  |  |  |
| Toy Bins & Toy Storage Containers are Cleaned/Disinfected  |  |  |  |  |  |
| Toys/Equipment Checked for Broken Pieces & Other Hazards |  |  |  |  |  |
| Mouthed or Visibly Soiled Toys are Removed from Play Area & Cleaned/Disinfected  |  |  |  |  |  |

**Any Other Unusual Occurrence or Special Events in the Family Child-Care Home:**
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**\*REMINDER:** *Please complete your Infant/Toddler Records (“Special Occurrences”) DAILY for any children under age 3.***\*REMINDER:** *Please record any other details/important information about your day in your Daily Journal*

 **Daily Programming** Please note any changes to your Daily Routine: special outings, extreme weather, extended play, ect.
***Decisions to adjust the routine must be documented on the daily plan, be in the best interests of the children, and be developmentally appropriate.***

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| **Monday** | **Child-Initiated Play Experiences** Description of Activity*(What did they do/play with?)*  | **Adult-Initiated Experiences**Description of Activity*(What did you offer/observe?)* |
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| **Notes:** |  |
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| **Tuesday** | **Child-Initiated Play Experiences** Description of Activity*(What did they do/play with?)* | **Adult-Initiated Experiences**Description of Activity*(What did you offer/observe?)* |
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| **Notes:** |  |
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| **Wednesday** | **Child-Initiated Play Experiences** Description of Activity*(What did they do/play with?)* | **Adult-Initiated Experiences**Description of Activity*(What did you offer/observe?)* |
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| **Notes:** |  |
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| **Thursday** | **Child-Initiated Play Experiences** Description of Activity*(What did they do/play with?)* | **Adult-Initiated Experiences**Description of Activity*(What did you offer/observe?)* |
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| **Notes:** |  |
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| **Friday** | **Child-Initiated Play Experiences** Description of Activity*(What did they do/play with?)* | **Adult-Initiated Experiences**Description of Activity*(What did you offer/observe?)* |
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| **Notes:** |  |
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