

# Nursery 1 Daily Report

## Parent's Section

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time of arrival: \_\_\_\_\_ Time your child awoke: \_\_\_\_\_

Parent contact phone number: \_\_\_\_\_

Any different phone number or pick up info. today? \_\_\_\_\_

How did your child sleep last night? \_\_\_\_\_

Breakfast at home?    Yes    No    Comments: \_\_\_\_\_

Mood upon arrival?        Happy        Okay        Sleepy        Grouchy        Crying        Good

I have noticed:        Runny Nose    Diarrhea    Congestion    Temperature    Rash        Cough        Bruises or marks    None

Any other comments: \_\_\_\_\_



## Care Giver's Section

Time	7:00 AM	8:00 AM	9:00 AM	10:00AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM
<b>Naps</b>												
<b>Fluids</b> <small>F=Formula J=Juice</small>	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ	F/J OZ
<b>Solids</b>												
<b>Solids</b>												
<b>Diapers</b>	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM	Dry Wet BM

## Accident/Incident

Accident / Incident: \_\_\_\_\_  
 \_\_\_\_\_

Teacher's Comments: \_\_\_\_\_  
 \_\_\_\_\_