

Name _____						Week of: _____	
	Parent Information from Home:	Meals			Nap	Diapers/Toilet	Information from Staff
MONDAY		Breakfast	Lunch	Snack		Time: _____	
				Teeth/Gum Brushed Y / N		Time: _____	
TUESDAY		Breakfast	Lunch	Snack		Time: _____	
				Teeth/Gum Brushed Y / N		Time: _____	
WEDNESDAY		Breakfast	Lunch	Snack		Time: _____	
				Teeth/Gum Brushed Y / N		Time: _____	
THURSDAY		Breakfast	Lunch	Snack		Time: _____	
				Teeth/Gum Brushed Y / N		Time: _____	
FRIDAY		Breakfast	Lunch	Snack		Time: _____	
				Teeth/Gum Brushed Y / N		Time: _____	

W = wet D=Dry BM=Bowel Movement DIAR=Diarrhea T=Tried P=POTTY