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	TODDLER DAILY CARE RECORD														DATE		
NAME	OF CHILD (L	ast, First	t, MI)	AGI	Ē N	IAME OF	PARE	PARENT/SPONSOR (Last, First, MI			First, MI)	ARRIVAL TIME			RETURN DATE		
ITEMS BROUGHT FROM HOME (Please annotate quantity after each item checked)																	
	BOTTLES PACIFIER DIAPERS BLANKET WIPES  DIAPER CREAM DIAPER BAG/BACK PACK SWEATER JACKET																
	COAT OTHER MEDICINE																
SPECIA	SPECIAL INSTRUCTIONS:																
											ENDANT						
	RE	REAKFAS	eT.	FOOD P	ROVIDED	PART		D CARE CENTER (Check Amount Child Ate)  NONE LUNCH						ALL	PART	NONE	
	NUTRITI			,													
								İ		AFTE	RNOON SNA	CK					
							X - Di			BM - Bo	wel Movemen	t)					
	0530 0600		0830			1130 1200		1430 1500			1730		2030		2330 2400		
	0630		0900 0930			1230			1530		1800 1830		213			0030	
	0700		1000		_	1300			1600		1900		220	0		0010	
	0730		1030	)	133	0			1630	0 1930		2230					
0800 1100					140	1700   2000 HILD SLEPT				NO. OF CENTER DIAPERS USED?							
												NO. OF	CENTE	R DIAPI	ERS USE	:D?	
COMMENTS/REMARKS																	
				_		_							_				