



Cub Room Daily Sheet

Child's Name _____ Date _____

I woke up at _____ Feel _____ Last Diaper Change at _____ W D BM

Last Feeding at _____ Bottle _____ oz Solids _____ Other _____

Comments or Special Instructions: _____

My Naps Today: _____ to _____ I woke up feeling _____
 _____ to _____ I woke up feeling _____
 _____ to _____ I woke up feeling _____

Diaper Changes: _____ W D BM _____ W D BM _____ W D BM
 _____ W D BM _____ W D BM _____ W D BM
 _____ W D BM _____ W D BM _____ W D BM

Fluids				Solids				
Time	Item	Amount Given	Amount Taken	Time	Item	Some	Most	All

What I did Today: _____

I need more: Diapers Wipes Formula Baby Food Other _____

Teacher's Signature: _____