

DAYS	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
MEALS	Small 🗌 Medium 🗐 Large 🗐	L AT D I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	Small 🗌 Medium 🗍	MT L AT D □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Small Medium Large	MT L AT D □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Small Medium Large	MT L AT D IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Small 🗌 Medium 🔲 Large 🔲	L AT D I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	Small Medium Large	I AT D I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	Small Medium Large	MT L AT D IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
BOTTLES	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:
	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:
	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:
	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:	Time:	Amount:
SLEEP / REST TIMES	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:
	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:
	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:
	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:	Start:	Finish:
10 MINUTE SLEEP CHECK TIMES														
ES/ ING	CHECKS 1 st 2 nd Wet		CHECKS 1 st 2 ⁿ Wet		CHECKS 1 st 2 nd Wet		CHECKS 1 st 2 ⁿ Wet		CHECKS 1 st 2 ^r Wet		CHECKS 1 st 2 nd Wet			2 nd 3 rd 4 th 5 th 6 th
NAPPIES / TOILETING	Soiled Toilet		Soiled 🔲 🗆		Soiled 🔲 🗆 Toilet 🔲 🖸		Soiled 🔲 🗆 Toilet 🔲		Soiled 🗌 🗌 Toilet 🔲 🗌		Soiled 🗌 🗍 Toilet 🗐		Soiled [Toilet [
		Time:	Potty 🗆 🗆	Time:	Potty 🗆 🗆 Time:	1 🗆 🗆 🗆 🗆	Potty 🔲 🗆	1 🗆 🗆 🗆 🗆	Potty 🗆 🗆	Time:		Time:	Potty 🔲 [Time:	
SUN- SCREEN	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:			Time:	Time:
		Time:		Time:		Time:							Time:	
INSECT REPELLENT	Time: Time:	Time:	Time:	Time:	Time: Time:	Time:	Time: Time:	Time:	Time: Time:	Time: Time:			Time:	Time:
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PERMISSIONS REQUIRED FOR SPRAYS AND CREAMS. IF ANY SECTION IS NOT APPLICABLE TO A CHILD (E.G. BOTTLES, SLEEP CHECKS), PLEASE CROSS OUT.

WELLBEING

Kath Dickson Family Day Care Services METROPOLITAN AND SUNSHINE COAST SERVICES - 4633 8400