

child: \_\_\_\_\_  
**Nanny Log**



date: \_\_\_\_\_ total hours: \_\_\_\_\_  
ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_

**food:**

breakfast: \_\_\_\_\_ time: \_\_\_\_\_  
snack: \_\_\_\_\_ time: \_\_\_\_\_  
lunch: \_\_\_\_\_ time: \_\_\_\_\_  
snack: \_\_\_\_\_ time: \_\_\_\_\_  
snack: \_\_\_\_\_ time: \_\_\_\_\_  
dinner: \_\_\_\_\_ time: \_\_\_\_\_



**diaper:**

	WET	BM	ABNORMAL?
1. time: _____	<input type="radio"/>	<input type="radio"/>	_____
2. time: _____	<input type="radio"/>	<input type="radio"/>	_____
3. time: _____	<input type="radio"/>	<input type="radio"/>	_____
4. time: _____	<input type="radio"/>	<input type="radio"/>	_____
5. time: _____	<input type="radio"/>	<input type="radio"/>	_____
6. time: _____	<input type="radio"/>	<input type="radio"/>	_____
7. time: _____	<input type="radio"/>	<input type="radio"/>	_____
8. time: _____	<input type="radio"/>	<input type="radio"/>	_____

EATING COMMENTS  I WAS HUNGRY  I DID OKAY  I DIDN'T WANT TO EAT

 **sleep time:** \_\_\_\_\_

**milk:** \_\_\_\_\_ oz. 

**bath time:**  YES  NO



**activities:**  
trips \_\_\_\_\_

home \_\_\_\_\_



s/he loves: \_\_\_\_\_ 


**mood:**




**day notes:** \_\_\_\_\_



**health notes:** \_\_\_\_\_ 

**medicine:** \_\_\_\_\_ 

 today, I learned: \_\_\_\_\_

parent-nanny  
communication:  
last night... \_\_\_\_\_



supplies  
needed: \_\_\_\_\_