

Child Care Activity log

Client:_

Client's Emergency Number:											
Caregiver:Agency:											
Date:				Time In:				Time Out:			
Services Provided											
Meal Schedule											
Child 1:			Child 2:				Child 3:				
Time	Amount Bottle / Food			Time	Amount Bottle / Food			Time	Amount Bottle / Food		
Diapers / Toileting											
Child 1:				Child 2:				Child 3:			
Time	Dry/W	√et	BM	Time	Dry/We	t	ВМ	Time	Dry/Wet		BM
Rest Time											
Child 1:			Child 2:				Child 3:				
From		То		From		То		From		То	
What activities did the child(ren) participate in today?											
Notes about the day:											
Caregiver's Signature: Date:											

- ✓ Your feedback is important to us, you will receive a client satisfaction survey within the next week. Be sure to complete the survey to better service you.
- ✓ If your expectations were met, please make sure to request our agency / caregiver next time you use the Back-Up Care Advantage Program®.
- ✓ Recommend the Back-Up Care Advantage Program® to your colleagues.