



Sacramento City Unified School District  
CHILD DEVELOPMENT DEPARTMENT

## DIAPERING REPORTS FOR PARENTS

Name of Child \_\_\_\_\_

Date \_\_\_\_\_

Diaper Change (check as applies):

Urine

Stool

Notations (such as skin rashes/irritation, loose, watery or mucousy stool, hard stool, unusual odor in diaper area):

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