

DAILY CARE REPORT

Date: _____

Child Name:
Arrival Time:
Mood:

Feeding Schedule

Time	Type (Breast/Formula/Solid)	Amount	Notes
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Sleep & Naps

Asleep	Awake	Total Duration / Quality
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Diapers

Wet: ○ ○ ○ ○ ○ ○ ○
BM: ○ ○ ○ ○ ○ ○ ○

Caregiver Notes & Supplies Needed

Caregiver Signature: _____

Total Hours: _____