

INFANT DAILY REPORT

Date: _____

Child Name: _____

Last Drop-off / Sleep Info: _____

TIME	AMOUNT (OZ/ML)	TYPE (BREAST/FORMULA/SOLID)	NOTES
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TIME	WET	BOWEL	NOTES
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TIME

WET

BOWEL

NOTES

ASLEEP

AWAKE

TOTAL DURATION / MOOD

Caregiver Signature: _____