

Today's Date: _____

Baby's Name: _____

BABY'S LOG

NOTES FROM PARENTS:

I. FEEDING

#	TIME	MILK, FOOD, MEDICATION, ETC. (include amounts)	COMMENTS
1			
2			
3			
4			
5			
6			

II. DIAPER CHANGES

#	TIME	PEE	POOP	COMMENTS
1				
2				
3				
4				
5				
6				

III. SLEEP and/or BATH (naps, bedtime, bath, etc.)

#	START TIME	END TIME	LOCATION	AIDE (pacifier, etc.)	COMMENTS
1					
2					
3					
4					
5					

OTHER LOG NOTES:

1. Today's Activities (tummy time, crawling/walking, park, library, play group, etc.):

2. Physical Concerns: (rash, fever, scrapes, nose, ears, etc.)

3. General Mood: (happy, cranky, quiet, talkative, etc.)

Start Time: _____

End Time: _____

Care Giver Initials: _____