



Today's Date: _____

Child's Name: _____

DAILY BABY LOG

NOTES FROM PARENTS:

1. Feeding

#	Time	Milk, food, medication, etc. (include	Comments
1			
2			
3			
4			
5			
6			

2. Diaper Changes and/or Potty

#	Start Time	End Time	Location	Aide (pacifier, etc.)	Comments
1					
2					
3					
4					
5					
6					

3. Sleep and/or Bath (naps, bedtime, bath, etc.)

#	Start Time	End Time	Location	Aide (pacifier, etc.)	Comments
1					
2					
3					
4					
5					
6					

OTHER LOG NOTES:

1. Today's Activities (walking, park, stories, 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's Initials: _____