**Baby Information:**

* **Baby's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Caregiver Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily Log**

**[Date]**

**Feeding:**

* **Breastfeeding/Formula:**
  + Time Started: \_\_\_\_\_\_\_
  + Duration: \_\_\_\_\_\_\_
  + Quantity (if bottle-fed): \_\_\_\_\_\_\_ ounces

**Diaper Changes:**

* Wet
* Dirty
* Diaper Rash Cream Applied: [ ] Yes [ ] No

**Sleep:**

* Nap
  + Start Time: \_\_\_\_\_\_\_
  + End Time: \_\_\_\_\_\_\_
* Night Sleep
  + Start Time: \_\_\_\_\_\_\_
  + End Time: \_\_\_\_\_\_\_

**Activities:**

* Tummy Time
  + Start Time: \_\_\_\_\_\_\_
  + End Time: \_\_\_\_\_\_\_
* Playtime
* Bath Time
  + Time: \_\_\_\_\_\_\_

**Mood/Notes:**

[Open space for any additional notes or observations about the baby's mood or behavior]

**Additional Information**

**Health Notes:**

* Medications
  + Time: \_\_\_\_\_\_\_
  + Dosage: \_\_\_\_\_\_\_
* Doctor's Appointments
  + Date: \_\_\_\_\_\_\_
  + Time: \_\_\_\_\_\_\_

**Other:**

* Special Instructions (if any)
* Important Reminders

**Baby's Routine**

**[Date]**

**Daily Schedule:**

* Morning Routine
* Afternoon Routine
* Evening Routine
* Night Routine

**Parent/Caregiver Notes**

[Open space for parents/caregivers to jot down any important information, questions, or concerns]

**Baby Care Log Summary**

**[Date]**

**Total Feeding Duration: \_\_\_\_\_\_\_ hours**

**Total Nap Duration: \_\_\_\_\_\_\_ hours**

**Total Night Sleep Duration: \_\_\_\_\_\_\_ hours**

**Mood/Behavior Highlights:**

[Summary of the baby's overall mood and behavior throughout the day]