

Infant Care Routine

Child's Name: _____ Month: _____

Time of Day <i>i.e. 8:30 a.m.</i>	Type & Amount of Milk/Food <i>i.e. 6 oz. of breastmilk, 1 pouch of solid food, 4 oz. of formula</i>	Preferences <i>i.e. room temp, heated, etc.</i>

Notes on diapering (any ointments, etc): _____

Nap routines or notes: _____

Parent Signature: _____ Date: _____