# Newborn Care & Babysitting
# Daily Report

VALEO • HEALTH •

Parent's Name & Signature: _____
Baby's Name: _____
Professional: _____

Age: _____
Contact #: _____
Date: _____

## Sleep.

Start Time: _____ End Time: _____
Start Time: _____ End Time: _____
Start Time: _____ End Time: _____
My Sleep was: ☐ Great ☐ Good ☐ Okay ☐ Not Good ☐ Awful

## Mood.

☐ Happy ☐ Grumpy ☐ Upset ☐ Excited ☐ Calm
☐ Playful ☐ Fussy ☐ Sleepy ☐ Hungry ☐ Shy
☐ Curious ☐ Energetic ☐ Cuddly
Other: _____

## Bathing.

**Time:** _____
**Type:** ☐ Sponge Bath ☐ Full Bath ☐ Shower
☐ Hair Washing ☐ Parent Opted Out
Comments: _____

## Medication / Vitamins.

Time: _____ Type: _____ Amount: _____
Time: _____ Type: _____ Amount: _____

Comments: _____

## Feeding / Milk.

| Time | Amount | Breastfeed | Pumped | Formula |
|---|---|---|---|---|
| _____ | _____ **ml** | ☐ Left ☐ Right | _____ | _____ |
| _____ | _____ **ml** | ☐ Left ☐ Right | _____ | _____ |
| _____ | _____ **ml** | ☐ Left ☐ Right | _____ | _____ |
| _____ | _____ **ml** | ☐ Left ☐ Right | _____ | _____ |
| _____ | _____ **ml** | ☐ Left ☐ Right | _____ | _____ |

## Diaper and Cord Care.

| Time | Pee | Poop | Before Diaper Change |
|---|---|---|---|
| _____ | ☐S ☐M ☐L | ☐S ☐M ☐L | ☐Clean ☐Dirty ☐Odour ☐Pus ☐Bloody ☐Wet ☐Dry ☐Swollen |
| _____ | ☐S ☐M ☐L | ☐S ☐M ☐L | ☐Clean ☐Dirty ☐Odour ☐Pus ☐Bloody ☐Wet ☐Dry ☐Swollen |
| _____ | ☐S ☐M ☐L | ☐S ☐M ☐L | ☐Clean ☐Dirty ☐Odour ☐Pus ☐Bloody ☐Wet ☐Dry ☐Swollen |

## Vital Signs.

Time #1: _____ Temperature: _____ Pulse/HR: _____ Respiration: _____
Time #2: _____ Temperature: _____ Pulse/HR: _____ Respiration: _____

# Thank You for your trust

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