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Infant Daily Routine

Name:	Date:
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		Breastfeeding			Bottle Feeding		per	Activity		Sleep		
Time												
	Left (minutes)	Right (minutes)	Total (minutes)	Breastmilk (oz)	Formula (oz)	Pee	Poop	Waketime Amount (minutes)	Disposition	Wind-down Duration (minutes)	Nap Duration (minutes)	Notes