



BABYSITTER REPORT



 Date: _____
Child's Name(s): _____
Babysitter's Name: _____

 Mood: cheerful content fussy sleepy
 other: _____


 **Meals:** I ate
 most some
 nothing


Snacks: I ate
 most some
 nothing


Bottles: I ate
 most some
 nothing


Notes: _____


 Naptime/Bedtime:
I slept from ____ to ____
 I rested I wasn't tired

 Diapering or Potty:

 How We Spent Our Time/Favorite Activity: _____

 Noteable Quote/Baby Noise: _____

 Boo-boos?: _____

 Special Notes: _____

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