

Baby's label / UR number

Daily Care Plan

Date: _____

Baby's Name: _____

Feeding: (e.g. two breast feeds per day)

Positioning: (e.g. my baby prefers to have their hands near his/her face)

My baby may be unhappy if: (e.g. hand is held up like a stop sign)

Things that help to settle my baby: (e.g. swaddling)

I will be visiting my baby: (e.g. times during the day)

Special Requests:
