

# DAILY CHART FOR:

TIME	EVENT	NOTES
DOWN	<input type="checkbox"/> FEEDING <input type="checkbox"/> DIAPER W B/M <input type="checkbox"/> NAP UP	# OF OZ FED _____ AND/OR BREAST: LEFT _____ MIN. RIGHT _____ MIN.
DOWN	<input type="checkbox"/> FEEDING <input type="checkbox"/> DIAPER W B/M <input type="checkbox"/> NAP UP	# OF OZ FED _____ AND/OR BREAST: LEFT _____ MIN. RIGHT _____ MIN.
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