RealCare Baby® Experience Deployment Checklist

STUDENT NAME: _____

BABY NAME/ID NUMBER: _____

ITEM	CHECK OUT	CHECK IN
Student ID with wristband		
Bottle and/or breastfeeding device		
Diaper green patch		
Diaper yellow patch		
Two-piece outfit		
Infant bodysuit		
Sleepwear		
Toy		
Diaper bag		
Tummy time blanket		
Infant car seat and/or carrier		

NOTES: _____

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