

DIAPERING, FEEDING, AND NAPPING SCHEDULE

CHILD _____
 STAFF _____

DATE _____
 ARRIVAL _____

Each time you check, put D (dry), W (wet), or BM (bowel movement) on the chart.

TIME												
CHECK												
CHANGE												
NOTES												

Each time a child is fed, list the time, amount, and initial.

TIME	6:30	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00
BOTTLE												

List the food served at each meal.

SNACK	
LUNCH	
SNACK	

List the time(s) that the child napped during the day.

NAPPING	
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ADDITIONAL INFORMATION:
