Infant/Toddler Schedule

Name: _____

Date: _____

Directions: For each care event Baby requires, write down the date and time. For feeding, note how long it took to feed since you cannot indicate quantity fed as with a real infant. Indicate how long Baby slept. In the Comments column, note how you are feeling (normally this column would be used to convey any information you would want to share with the parent/guardian if you were in a care giving situation). If you need additional space, use a separate sheet of paper.

Date/Time	Feeding	Sleeping	Diapering	Comments