

# NURSERY ROUTINE

DATE  
NAME

| TIME     | ACTIVITY                | NOTES / AMOUNT                   | DONE |
|----------|-------------------------|----------------------------------|------|
| 07:00 AM | Morning Feed & Vitamins | <i>Breastmilk / Formula</i>      |      |
| 08:30 AM | Morning Nap             | <i>Sleep Duration: _____</i>     |      |
| 10:30 AM | Mid-Morning Play        | <i>Tummy time / Sensory play</i> |      |
| 12:00 PM | Lunch Feed              | <i>Solids or Bottle</i>          |      |
| 01:30 PM | Afternoon Nap           | <i>Sleep Duration: _____</i>     |      |
| 04:00 PM | Late Afternoon Feed     | <i>Hydration &amp; Snack</i>     |      |
| 06:30 PM | Bath & Bedtime Prep     | <i>Reading &amp; Calm music</i>  |      |
| 07:30 PM | Lights Out              | <i>Overnight Sleep</i>           |      |

SUPPLIES NEEDED / GROCERY  
CAREGIVER REMARKS