|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Head Start Daily Activity Record** | | | | | | | | | | | | | | | | | | | | | |
| *Completed by Family* | | | | | | | | | | | | | | | | | | | | | |
| **Child Name:** | |  | | | | | **Date:** | |  | | | | **Arrival Time:** | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Special Instructions for the Day:** | | | | | | | | **How has your family’s morning gone?** | | | | | | | | | | | | | |
| *(Medications, Pick Up Changes, Health Notes…)* | | | | | | | | *(Waking up, mood, how feeling…)* | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |
| **Wake Up Time:** | | | |  | | | | | | | | | |
| **Last Feeding:** | | | |  | | | | | | | | am/pm | |
| *Completed by Staff* | | | | | | | | | | | | | | | | | | | | | |
| **Meals and Snacks** | | | | | | | | | | | | | | | | | **Time** | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
| **Nap Times:** |  | | | | |  |  | | | | | | |  | |  | | | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | |
| **Diaper Check:** | | |  |  |  | |  | |  | |  | | | |  | | |  | | |  |
| **BM W=Wet**  **D=Dry T=Toilet** | | |
| **News About My Day:** | | | | | | | | | | | | | | | | | | | | | |