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| **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** |
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|  |  |
|  |  |
| **Nap Times:** |  |  |  |  |  |
|  |  |  |
| **Diaper Check:** |  |  |  |  |  |  |  |  |  |
| **BM W=Wet****D=Dry T=Toilet** |
| **News About My Day:** |