



Early Head Start Daily Activity Record

Completed by Family

Child Name: _____ **Date:** _____ **Arrival Time:** _____

Special Instructions for the Day: <i>(Medications, Pick Up Changes, Health Notes...)</i>	How has your family's morning gone? <i>(Waking up, mood, how feeling...)</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Wake Up Time:</td> <td style="width: 70%;"></td> </tr> <tr> <td>Last Feeding:</td> <td style="text-align: right;">am/pm</td> </tr> </table>	Wake Up Time:		Last Feeding:	am/pm
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: