

Early Head Start - Child Daily Record

Parent/Guardian: _____

Site/Room #: _____

Child's Name: _____ Date: ____/____/____ Arrival time: _____

Parent's instruction or information: _____

Staff Signature: _____ Parent/Guardian Signature: _____ Departure Time: _____

Daily Routine

	Amount Eaten	Dialogue Engagement Time	Diapering		Nap	Medication Given		Mood: Happy, Crying, Quiet, Playful, etc.	Duration of Parent Involvement	Describe Specific Activity
			Urine	BM		Yes	No			
A.M Snack		7:30 am								
Formula/BRM/Milk		8:00 am								
Grain		8:30 am								
Fruit		9:00 am								
Breakfast		9:30 am								
Formula/BRM/Milk		10:00 am								
Cereal/Grain		10:30 am								
Fruit		11:00 am								
Lunch		11:30 am								
Formula/BRM/Milk		12:00 pm								
Cereal/Grain		12:30 pm								
Meat		1:00 pm								
Fruit		1:30 pm								
Vegetable		2:00 pm								
Snack		2:30 pm								
Formula/BRM/Milk		3:00 pm								
Fruit/Juice		3:30 pm								
Grain		4:00 pm								
Meat		4:30 pm								
BRM expiration date: _____										Total Engagement Time for In-Kind