**Early Head Start Daily Record Sheet**

Parent/Guardian: _____ Site/Room #: _____

Child: _____ Date: _____/_____/_____

Staff signature: _____ Parent signature: _____

Parent information, notes, special instructions: Child woke at: _____

Child last ate at: _____ Child's night was: _____

| MEALS | Amount eaten (%) |
|---|---|
| **A.M. snack** | **25/50/75/all** |
| Formula/BRM/Milk | |
| Grain | |
| Fruit | |
| **Breakfast** | **25/50/75/all** |
| Formula/BRM/Milk | |
| Grain | |
| Fruit | |
| **Lunch** | |
| Formula/BRM/Milk | |
| Cereal/Grain | |
| Meat | |
| Fuit | |
| Vegetable | |
| **Snack** | **25/50/75/all** |
| Formula/BRM/Milk | |
| Fruit/Juice | |
| Grain | |
| Meat | |

**Mood today (circle)**

| | | |
|---|---|---|
| Happy | Playful | Energetic |
| Curious | Calm | Cuddly/Tired |
| Fussy | Focused | Not feeling well |

**Duration of parental involvement (time):**

| Diapering/Bodily Care | |
|---|---|
| **Urine** | **BM** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Naps |
|---|
| |
| |
| |

| Medication given | |
|---|---|
| **Name** | **Time** |
| | |
| | |

**Songs, Small group, Books, Toys I enjoyed:**

**COR note**

BRM expiration date: _____ WCC: _____ Need shots: _____ Dental: _____ Lead: _____ Hgb: _____

Total time for in-kind: _____

White: Grantee Yellow: Parent Revised 05/2024