



# Early Head Start Daily Report

Child's Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<p><b>Today I Slept</b></p> <p><input type="checkbox"/> Less than 1 Hour</p> <p><input type="checkbox"/> 1-2 Hours</p> <p><input type="checkbox"/> Did Not Sleep</p> <p><input type="checkbox"/> Rested Quietly</p> <p><input type="checkbox"/> Other:</p>	<p><b>Daily Activities</b></p>
<p><b>Today I Ate/Drank</b></p>	
<p><b>Diapering</b></p> <p>Time/Result</p>	<p><b>Development Milestones/Anecdotes</b></p>
<p><b>Comments to Teacher</b></p>	<p><b>Comments to Parent/Guardian</b></p>

Sign In: \_\_\_\_\_  
(Parents/Guardian signature)

Time: \_\_\_\_\_

Sign Out: \_\_\_\_\_  
(Parents/Guardian signature)

Time: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature