



### EFM RESPITE CARE DAILY REPORT

Agencies overseeing EFM Respite Care can adapt this form to meet local needs; every respite care provider must complete a daily report and provide it to the parent upon the conclusion of the respite care.

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_ to \_\_\_\_

Respite Care Provider's Name: \_\_\_\_\_

Today Your Child: \_\_\_\_\_

- Played outside: \_\_\_\_\_
- Played inside: \_\_\_\_\_
- Took a nap/bedtime: \_\_\_\_\_ to \_\_\_\_\_ AM/PM \_\_\_\_\_ to \_\_\_\_\_ AM/PM
- Had a snack/meal: \_\_\_\_\_
- Worked on school work: \_\_\_\_\_
- Other: \_\_\_\_\_

#### ACCIDENT REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Brief description of injury: \_\_\_\_\_

#### Action taken:

- TLC – comforted child
- Rest/observation
- Iced for \_\_\_\_\_ minutes
- Soap and water
- Band-aid
- Other: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Provider signature: \_\_\_\_\_