



EFM RESPITE CARE
DAILY REPORT

Child's Name: _____ Date: _____ Time: _____ to _____ AM/PM

Activities:

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

Today your child(ren): _____

Child's Name: _____ Date: _____ Time: _____ AM/PM

Activities:

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

Today your child(ren): _____

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