

EFM RESPITE CARE DAILY REPORT

Child's Name:	Date:	Time:	to	AM/PM
Activities:				
☐ Played outside:		Took a nap/bedtime: _		
☐ Played inside:		Had a snack/meal:		
☐ Worked on school work:		Other:		
Today your child(ren):				
**************************************		**************************************		
Activities:				
☐ Played outside:		Took a nap/bedtime: _	to _	AM/PM
☐ Played inside:		Had a snack/meal:		
☐ Worked on school work:		Other:		
Today your child(ren):				
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Child's Name:	Date: _	Time:		_ AM/PM
Activities:				
		Took a nap/bedtime: _	to	AM/PM
☐ Played outside:				
☐ Played outside:		Had a snack/meal:		