



EFMP – Respite Care Project ON-SITE VISIT LOG

Child Care Provider: _____

| Date | Start Time | Primary Type | Visit Type | End Time | Comments |
|------|------------|---|--|----------|----------|
| | | <input type="checkbox"/> Technical Assistance – In-person/Onsite <input type="checkbox"/> Monitoring Visit | <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> EFMP child present at time of visit | | |
| | | <input type="checkbox"/> Technical Assistance – In-person/Onsite <input type="checkbox"/> Monitoring Visit | <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> EFMP child present at time of visit | | |
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| | | <input type="checkbox"/> Technical Assistance – In-person/Onsite <input type="checkbox"/> Monitoring Visit | <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> EFMP child present at time of visit | | |

Visits must be conducted with each provider while a MC EFMP child is present at least once every 60 days.