

Family Day Care Anecdotal Observations Day: \_\_\_\_\_ Date: \_\_\_\_\_ or Week Ending: \_\_\_\_\_

Child's Name: _____ Age: _____	Child's Name: _____ Age: _____	Child's Name: _____ Age: _____	Child's Name: _____ Age: _____
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Child's Name: _____ Age: _____	Child's Name: _____ Age: _____	Child's Name: _____ Age: _____	Educator Reflections of Self
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Educator Reflections of Program	Actions Taken	Planning Implications
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