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|  |  **Child Specific Caregiver Notification** | [ ]  Family Time[ ]  Sibling Visit |

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| --- | --- |
| CHILD’S NAME (COMPLETE FOR EACH) | TRANSPORTER’S NAME  |
| TYPE OF FAMILY TIME/SIBLING VISIT (SUPERVISED / MONITORED / TRANSPORT ONLY)  | DATE TIME OFFAMILY TIME/SIBLING VISIT[ ]  AM [ ]  PM |
| AGENCY NAME | LOCATION |
| Who was at theFamily Time/Sibling Visit and what is the relationship to the child (include parent, child, SW, CASA, etc.)? **First names only for confidentiality.** |
|  | **YES** | **NO** | **N/A** |
| 1. Did child eat/drink during theFamily Time/Sibling Visit? If yes, please list food or beverage and what time child last ate or had a beverage

 | [ ]  | [ ]  | [ ]  |
| 1. Was child’s diaper changed during the Family Time/Sibling Visit? Time of the last diaper change?

 | [ ]  | [ ]  | [ ]  |
| 1. If child is toilet trained, did the child use the restroom during the Family Time/Sibling Visit? If yes, how many times and time of last use?

 | [ ]  | [ ]  | [ ]  |
| 1. Did child have any toileting accidents during Family Time/Sibling Visit? If yes, how many?

 | [ ]  | [ ]  | [ ]  |
| 1. Did child nap during the Family Time/Sibling Visit? If yes, for how long?

 | [ ]  | [ ]  | [ ]  |
| 1. Did child sleep during transport home? If yes, for how long?

 | [ ]  | [ ]  | [ ]  |
| 1. If school-aged, did child do homework? Did child read to parent? If yes, documentnumber of minutes read and have parent sign log, if provided.

 | [ ]  | [ ]  | [ ]  |
| 1. Did any injuries occur duringFamily Time/Sibling Visit? If yes, please describe

 | [ ]  | [ ]  | [ ]  |
| 1. Did any unusual incidents occur that would affect the child’s well-being? If yes,please explain below

 | [ ]  | [ ]  | [ ]  |
| **I received a copy of the Child Specific Caregiver Notification report.** |
| NAME OF CAREGIVER OR DESIGNEE AT DROP-OFF (PLEASE PRINT) |
| SIGNATURE OF CAREGIVER OR DESIGNEE AT DROP-OFF DATE |