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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, document number 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 | | | | |