

## Child Specific Caregiver Notification

- Family Time  
 Sibling Visit

CHILD'S NAME (COMPLETE FOR EACH)	TRANSPORTER'S NAME		
TYPE OF FAMILY TIME/SIBLING VISIT (SUPERVISED / MONITORED / TRANSPORT ONLY)	DATE	TIME OF FAMILY TIME/SIBLING VISIT <input type="checkbox"/> AM <input type="checkbox"/> PM	
AGENCY NAME	LOCATION		
Who was at the Family Time/Sibling Visit and what is the relationship to the child (include parent, child, SW, CASA, etc.)? <b>First names only for confidentiality.</b>			
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Did child eat/drink during the Family Time/Sibling Visit? If yes, please list food or beverage and what time child last ate or had a beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was child's diaper changed during the Family Time/Sibling Visit? Time of the last diaper change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did child have any toileting accidents during Family Time/Sibling Visit? If yes, how many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did child nap during the Family Time/Sibling Visit? If yes, for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did child sleep during transport home? If yes, for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did any injuries occur during Family Time/Sibling Visit? If yes, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did any unusual incidents occur that would affect the child's well-being? If yes, please explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I received a copy of the Child Specific Caregiver Notification report.</b>			
NAME OF CAREGIVER OR DESIGNEE AT DROP-OFF (PLEASE PRINT)			
SIGNATURE OF CAREGIVER OR DESIGNEE AT DROP-OFF		DATE	