

CHILDREN'S ADMINISTRATION  
**Child Specific Caregiver Notification**

Parent – Child Visit  
 Sibling Visit

CHILD'S NAME (COMPLETE FOR EACH)	TRANSPORTER'S NAME	
TYPE OF VISIT (SUPERVISED / MONITORED / TRANSPORT ONLY)	DATE OF VISIT	TIME OF VISIT <input type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY NAME	VISIT LOCATION	

Who was at the 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 the 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 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 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 visit? If yes, how many? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did child nap during the 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 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"/>

Leave this copy with the caregiver or designee.

**I received a copy of the Child Specific Caregiver Notification report.**

NAME OF CAREGIVER OR DESIGNEE AT DROP-OFF (PLEASE PRINT)	
SIGNATURE	DATE

Leave this copy with the caregiver or designee.