

Sign In Sign Out Log

Procedure: All visitors (e.g., ISD, Licensing, public school personnel, non-classroom NMCAA staff, etc.) will record their time in, out, and reason for visit. All non-NMCAA visitors must also complete the health check survey link at XXX. If visitors plan to volunteer (ISD – even if on C.I.R., Mental Health Consultants, Foster Grandparents), **APOT and PSOR requirements must be completed (See Volunteer Screening and Supervision Policy).**

Visitor Name: _____ Staff Signature: _____

Date	Staff and Visitor First and Last Name	Title	Detailed Reason for Visit	Time				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				
	Print			IN				
	Signature			OUT				

Distribution: Original sent to DMT to enter in-kind calculations.

Copy: To be filed at the center and sent to supervisor (monthly)

