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)