Classroom Sign In/Sign Out Log

**Policy:** To ensure the safety of children, NMCAA staff will monitor and track those who enter and exit the facility by utilizing the Classroom Sign In/Sign Out Log.

**Procedure:** All classroom visitors (including ISD, Licensing, public school staff, non-classroom NMCAA staff, mental health consultants, foster grandparents) will record their time in and out. Individuals, even if on the Child Information Record, must complete **APOT and PSOR requirements (See Volunteer Screening and Supervision Policy)**.

**Classroom Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Staff & Visitor**  **First & Last Name** | **Title** | **Time**  **If conducting pull-out services, record time the child left and returned to the classroom** | | **Consultant: Document child’s initials only** | **Teacher Completes APOT/PSOR with Volunteer.**  **APOT/PSOR Complete?**  **YES NO** | | **Pull-Out Services:**  **Is the Volunteer on the Child Information Record?** | **Staff Use Only**  **IN-KIND TOTAL**  **minutes/hours** |
|  | **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)

**Staff will complete the in-kind total column before sending to DMT. When necessary, continue to use the Volunteer/Donation form to document in-kind for guest speakers, volunteers, and donated classroom materials.**

**References**: HSPPS 1302.47 (a) (Caring for Our Children Basics), HSPPS 1303.4, Licensing R400.8110 (6), R400.8125, Volunteer Screening and Supervision Policy

5/23 EHS-HS Team\Admin\Procedure Manual\Licensing\Classroom Sign In/Out Log