Rite of Passage
Policy and Procedure

Policy Number:	700.120
Policy Name:	Visitor Monitoring COVID-19
Program Type:	All

Policy:

Effectively immediately all non-employees entering an ROP facility shall be subject to the following protocols:

1. COVID-19 Visitors Sign shall be posted at the entry (inside and out) of all ROP facilities. A sample copy of the Visitors sign has been attached to this policy.

2. Visitor Screening.
    a. All visitors shall complete a Visitor Screen BEFORE being permitted to enter an ROP facility. If anyone answers "Yes" to any question they should consult with the Site Administrator regarding their response(s) prior to entering the facility. The Site Administrator may refuse entry of the visitor based on the visitor's response(s).
    b. Visitors or vendors who are simply dropping off items (i.e. mail, packages, office supplies) may be directed to drop off packages outside the door to the facility. If they must enter the facility to complete the delivery they shall not be required to complete the Visitor Screen as long as they are not interacting with staff or students.
    c. If your facility is measuring the body temperature of people entering the facility their temperature should be noted in the FOR WEEKLY USE section of the form.
    d. Visitors who visit regularly need to complete it once.
    e. The completed forms need to be kept in a confidential file at or near the entry of the facility (front desk, control, etc.).
    f. A sample copy of the Visitor Screen has been attached to this policy.

3. Visitor Logs

All visitors are required to complete a detailed Visitor Log upon entry and exit of the facility. At a minimum the Visitor Log shall include the following information:
    a. Visitor Name
    b. Date
    c. Time of entry
    d. Time of exit
    e. Reason for visit
    f. Students/Staff visited
    g. Areas of facility visited
A sample Visitor Log has been attached to this policy.

Policy Attachments:
1. Sample COVID-19 Visitors Sign
2. Sample COVID-19 Visitor Screen
3. Sample Visitor Log

Policy Version History and Reference Information

Date & Version #	Details	Approved By:
03/16/20 v1	Policy created	Rusty Alexander
04/15/20 v2	Visitor Screening Tool updated to include groups of less than 50	Rusty Alexander
04/21/20 v3	Visitor Screening Tool updated to include visitor temperature monitoring	Rusty Alexander
04/24/20 v4	Updated section 2a regarding Visitor screening responses	*[signature]*

Reference Type (Accreditation, regulation, etc…)	Number, Section, ...

Coronavirus (COVID-19) Precautions

In order to protect our youth and staff, we ask that you DO NOT visit our facility during this time if you have the following active symptoms:

- ✓ Fever
- ✓ Cough/Sneezing Cold Symptoms
- ✓ Difficulty Breathing

In order to keep our facility free of COVID-19 we will begin screening ALL visitors prior to visiting. Any visitors that show "active" signs will not be allowed to enter.

We appreciate your understanding during this time. If you have any questions/concerns, please don't hesitate to call the facility.

Thank you for your understanding and cooperation.

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COVID-19 Visitor Screening Tool

Visitor's Name: _____ **Date:** _____

Reason for Visit: _____

<div style="border:2px solid red">

Please answer the following questions prior to entering the facility:

	YES	NO
Have you had a fever greater than 100° F within the past 14 days?	☐	☐
Have you had a cough or shortness of breath within the past 14 days?	☐	☐
Have you had pneumonia or the flu within the past 14 days?	☐	☐
Have you traveled out of the country within the last 14 days? If yes, where: _____	☐	☐
Have you been in any gathering of 50 people or more (including airports) within the last 14 days?	☐	☐
Have you had contact with anyone who has lab-confirmed Coronavirus within 14 days of symptom onset?	☐	☐

Which States have you traveled to within the past 14 days? _____

_____.

</div>

Signature of Visitor: _____

FOR WEEKLY USE: Please Initial _Daily_ If There Are _No_ Changes To Your Initial Responses _AND_ Your Temperature Upon Arrival Is Verified Below 100° F

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date:_____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Visitor_____ *ROP_____*	*Visitor_____* *ROP_____*	*Visitor_____* *ROP_____*	*Visitor_____* *ROP_____*	*Visitor_____* *ROP_____*	*Visitor_____* *ROP_____*	*Visitor_____* *ROP_____*

Please do not write below this line. Official Use Only

- -

Date Received: _____ **Time Received:** _____

Comments/ROP Staff Signature: _____

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VISITOR/VENDOR DAILY LOG

Facility Name: _____   **Date:** _____

Your signature acknowledges you have completed the Visitor Screen in a truthful manner and were cleared to enter the ROP facility.

Print Name	Signature	Time of Entry	Time of Exit	Reason for Visit	Staff/Students Visited	Areas of Facility Visited
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			
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		AM PM	AM PM			
		AM PM	AM PM			
		AM PM	AM PM			