

Resident Name: \_\_\_\_\_

Outing Date: \_\_\_\_\_

### CONTACT TRACING INFORMATION:

Area / Site Visited	Date and Time of Visit	People in contact with (if known)

**PLEASE NOTE ANY TIMES WHERE YOU WERE UNABLE TO FOLLOW THE “EXPECTATIONS OF RESIDENTS AND FAMILY/SUPPORT PEOPLE DURING DAY OR OVERNIGHT OUTING”:**

Area / Site Visited	Date and Time of Visit	People in contact with (if known)