



SAMPLE CNC SESSION RECORD FORM - SHORT TERM

CNC in non-dedicated CNC space must ensure the following information is part of the session management plan for each session.

- ☐ Space Approval Checklist of areas requiring correction are attached (as necessary)
- ☐ Outstanding Space Approval areas have been addressed
- ☐ Space Safety Checklist has been completed
- ☐ Completed Space Safety Checklist is attached
- ☐ Approved Evacuation Plan is available
- ☐ CNC Staff have been made aware of evacuation procedures

Space is approved for use yes ☐ no ☐

CNC Staff with Designated Responsibilities Signature:



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Date of Session:	
Hours of Session:	
Location of Session	
Staff/Volunteer on Staff:	

Child's Name	Reg Form	Medical Info	Parent Program	Parent Location	Time In	Time Out	Parent Initials	Time In	Time Out	Parent Intitlas	Time In	Time Out	Parent Initials

Activities Provided:			
Session Information and Comments			
All Documentation Completed	Date:	Time Session Ended:	Signature of SDR
<input type="checkbox"/> Yes			