# SAMPLE CNC SESSION RECORD FORM - SHORT TERM

## 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:

**SAMPLE CNC SESSION RECORD FORM - SHORT TERM**

|  |  |
| --- | --- |
| Date of Session: |  |
| Hours of Session: |  |
| Address and Exact Location of Session: |  |
| Adult services being supported by CNC: |  |
| Staff/Volunteer on Staff: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Id #** | **Parent Name** | **Room #** | **Registration form on file** | **Medical Info** | **Time In** | **Parent Initials** | **Time Out** | **Parent Initials** | **Time In** | **Parent Initials** | **Time Out** | **Parent Initials** |
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**Schedule: Activities Provided: Snack Provided:**

**Session Information/Comments:**

**Session and all required documents are complete:** ☐ Yes

**Date: Time Session Ended:**

**Name of SDR: Signature of SDR:**