



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:	

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





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: