**Tracking Form for combing Rooms/Playground**

*\*Any time a classroom is combined due to staffing or lack of amount of children or a classroom needs to be combined with another classroom on the playground the below form must be completed. It also MUST be approved by the Center Manager/Designee\**

*The below must be filled out and emailed to the EPIC Executive Director*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date rooms combined:** | | |  | **Time / Duration:** | | |  |
| **Rooms Combined:** | |  | | **Reason:** | |  | |
| **CM Signature:** |  | | | |

**List of Staff Present:**

|  |  |  |
| --- | --- | --- |
| **Staff Name** | **Time In** | **Time Out** |
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**List of Children Present:**

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| **Child Name** | **Room #** | **Time In** | **Time Out** |
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