Center Log

Supervisors/Managers/Assistants/Coaches

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

Month: \_\_\_\_\_\_\_­­­­­­ Date Submitted: \_\_\_\_\_\_\_\_\_

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| Date | Center | Classroom # & Teacher (if applicable) |
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PFCE’s, Health Assistants, BHA’s, CDC: List any **assigned centers** not visited and plan to visit upcoming month.