|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WHAT:** | **WHERE:** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **CLEAN/SANITIZE** | * Gate
* Garbage can & lid
* Mouthed toys
 |  |  |  |  |  |
| **ORGANIZE** | * Countertop
* Cubbies
* Tops of shelves
 |  |  |  |  |  |
| **WIPE/CLEAN** | * Tables(top/sides)
* Chairs
* Counter tops
* Refrigerator
* Window Sills
 |  |  |  |  |  |
| **SINK**  | * Bottles to kitchen -*infants*
* Sinks cleaned and sanitized
 |  |  |  |  |  |
| **EHS** | * Mats and play equipment
* Changing mat (both sides)
 |  |  |  |  |  |
| **AREA OF THE DAY:** | * Organize and clean toys
* Clean shelves
 | **BLOCKS/MUSIC** | **DRAMATIC PLAY** | **TEXTURE TABLE** | **ART/LIBRARY****(writing)** | **MATH and SCI****(manipulatives)**  |

WEEK OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLASSROOM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please sign your initials in each square that you complete.