|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.