

START OF DAY CHECK LIST

CLASSROOM: _____ DATE: _____

- Centers ready? -	- <input type="checkbox"/>
- Material ready? -	- <input type="checkbox"/>
- Turn on <i>all</i> lights (Opening person) -	- <input type="checkbox"/>
- Turn on AC / Heater (2) (Opening Person)	- <input type="checkbox"/>
- Make sure sign in list is ready for today with a pen	- <input type="checkbox"/>
- Make sure snack tub clean and ready for today with a black sharpie	- <input type="checkbox"/>
- Unlock playground door(s) (Opening person)	- <input type="checkbox"/>
- Smile! Receive your little ones with joy! – Informal health check -	- <input type="checkbox"/>
Make solution of bleach and water for diaper area and for general classroom use	- <input type="checkbox"/>
	- <input type="checkbox"/>
	- <input type="checkbox"/>
	- <input type="checkbox"/>
	- <input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>