

Your Center Name

Your address
Chicago, Illinois 606___

Daily flushing of _____ sink in _____
(The faucet should be flushed daily for several minutes)

Date	(*Refer to a plan)												
	6:00 am	7:00 am	8:00 am	9:00 am	10:00 am	11:00 am	12:00 pm	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm
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*The sink will be flushed by faculty at the beginning of the school day and every two hours throughout the school day. Sink will be flushed for a minimum of 1 minute each time and there is a sign in sheet to note the time, date, and name of faculty person performing the flushing.