


CLASSROOM CLEANING CHECKLIST

Staff Name _____

NOTE! WEAR DISPOSABLE GLOVES!

Clean	Clean and Disinfect	Clean and Sanitize
DAILY	DAILY	DAILY
_____ Vacuum carpets	_____ Mats	_____ Tooth brushing trays
	_____ Cots	_____ Handwashing sink
WEEKLY	_____ All floors	
_____ All toys other than mouth toys	_____ Mops	BEFORE EACH USE
_____ Shelves	_____ Doorknobs	_____ Table tops
_____ Telephones	_____ Countertops*	_____ and high chair trays
_____ Light switch	_____ Tabletops*	_____ immediately before eating.
_____ plates	_____ Drinking fountains	AFTER EACH USE
_____ Dress up clothes	(*not used as food contact surfaces)	_____ Tabletops
_____ Pet cages	AFTER EACH USE	_____ Countertops
_____ Small rugs	_____ Diaper changing table	_____ High chairs
_____ Cubbies		_____ Teething rings
_____ Trash cans		_____ Bottle nipples
_____ Child seats		_____ Mouthed toys
_____ Cribs/playpens		_____ Pacifiers
		_____ Thermometers
MONTHLY		_____ Water play containers
_____ Walls		_____ Crib rails
		_____ Computer keyboard

NOTE! Your cleaning assignments are circled. Complete these tasks by _____. Place your initials on the line _____
 after each item is cleaned, disinfected and sanitized. Once completed, return this checklist to _____.

date/time
staff title/name




Immediately clean any surface soiled with body fluids (blood, saliva, mucus, vomit, urine, stool, eye or wound drainage). Follow *Body Substance Clean-Up Policy*.

See RESTROOM CLEANING CHECKLIST for restroom items.

CLASSROOM CLEANING CHECKLIST

Staff Name _____

NOTE! WEAR DISPOSABLE GLOVES!

Clean	Clean and Disinfect	Clean and Sanitize
DAILY	DAILY	DAILY
_____ Vacuum carpets	_____ Mats	_____ Tooth brushing trays
	_____ Cots	_____ Handwashing sink
WEEKLY	_____ All floors	
_____ All toys other than mouth toys	_____ Mops	BEFORE EACH USE
_____ Shelves	_____ Doorknobs	_____ Table tops
_____ Telephones	_____ Countertops*	_____ and high chair trays
_____ Light switch	_____ Tabletops*	_____ immediately before eating.
_____ plates	_____ Drinking fountains	AFTER EACH USE
_____ Dress up clothes	(*not used as food contact surfaces)	_____ Tabletops
_____ Pet cages	AFTER EACH USE	_____ Countertops
_____ Small rugs	_____ Diaper changing table	_____ High chairs
_____ Cubbies		_____ Teething rings
_____ Trash cans		_____ Bottle nipples
_____ Child seats		_____ Mouthed toys
_____ Cribs/playpens		_____ Pacifiers
		_____ Thermometers
MONTHLY		_____ Water play containers
_____ Walls		_____ Crib rails
		_____ Computer keyboard

NOTE! Your cleaning assignments are circled. Complete these tasks by _____. Place your initials on the line _____
 after each item is cleaned, disinfected and sanitized. Once completed, return this checklist to _____.

date/time
staff title/name



Immediately clean any surface soiled with body fluids (blood, saliva, mucus, vomit, urine, stool, eye or wound drainage). Follow *Body Substance Clean-Up Policy*.

See RESTROOM CLEANING CHECKLIST for restroom items.