



Cleaning Checklist for: _____

Month: _____

Week 1 Pantry	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Week 2	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Sweep & Mop (Vacuum)															
Check for Expired Baby product															
Check for dented/unlabeled product															
Shelves															
Refrigerator(s)/Freezer(s)															
Other: _____															
Kitchen															
Surfaces															
Cabinet															
Stove Top															
Microwave/Oven															
Sinks															
Sweep & Mop															
Other: _____															
Week 3 Pantry	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Week 4	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Sweep & Mop (Vacuum)															
Check for Expired Baby product															
Check for dented/unlabeled product															
Shelves															
Refrigerator(s)/Freezer(s)															
Other: _____															
Kitchen															
Surfaces															
Cabinet															
Stove Top															
Microwave/Oven															
Sinks															
Sweep & Mop															
Other: _____															

