

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CLEANING AND DISINFECTING LOG

Program Name:	Facility ID Number:
Week of: / / - / /	Form Completed by:

Instructions:

- This form is to be completed **daily**.
- Cleaning and disinfecting must be performed in accordance with all requirements as advised by the CDC and DOH, including “Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19,” and the “STOP THE SPREAD” poster.

Area Being Cleaned:							
<input type="checkbox"/> Classroom	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Common Areas	<input type="checkbox"/> High Risk Areas	<input type="checkbox"/> Vehicle			
<input type="checkbox"/> Playroom/Gym	<input type="checkbox"/> Napping Areas	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Outdoor Areas	<input type="checkbox"/> Other _____			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Floors	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Sink/faucets	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Counter tops	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Table/chairs	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Door handles	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Equipment	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Light switches	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Furnishings	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Toys	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Strollers	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Sign in Areas	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Outdoor Play Equipment	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Hygiene/Hand Sanitizer Dispensers	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Other	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Other	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Other	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):