



AdvantagePlusCaregivers.com®

We're all about the Care!

Housekeeping Tracking Report

CR Name: _____

Date							
Bathroom	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Change Towels							
Sink							
Tub/Shower							
Floor							
Toilet							
Mirrors							

Bedroom	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Make Bed							
Tidy Up							
Dust							
Change Sheets							
Vacuum							

Living Area	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Tidy Up							
Vacuum							
Dust							

Kitchen	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Sink							
Counters							
Dishes							
Stove/Oven							
Refrigerator							
Cooking							

Other	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Laundry - sort							
Laundry – wash/dry							
Laundry –put away							
Empty Trash							
Ironing							
Mop Floors							
Wash Windows							
Change light bulbs							

Comments:

INSTRUCTIONS:

- Use one sheet per week. Leave it posted where found. Caregiver(s) to complete this form.
- CR = Care Recipient, CG = Caregiver
- Date: Enter the numeric dates for the days of the week in the boxes at the top of the first grid (i.e. 1/5/14)
- Caregiver lines: CG to enter their name on their shift line [(1) = am shift, (2) = pm, (3) = swing].
- Item Lines: CG to enter the time item was done and their initials if there is more than one caregiver. Write in additional items on blank lines if necessary.

- Hired CGs are to turn in this report to the Agency on Saturday of each week. Start a new form each Saturday.