

CACFP Time and Attendance Log Worksheet

Administrative and other staff performing CACFP and non-CACFP duties must complete this form.

INSTRUCTIONS: This worksheet must be completed for staff performing Child and Adult Care Food Program duties if any CACFP funds are used for salaries. Indicate the total number of hours worked per day, the total number of non-CACFP hours worked per day, then the number of hours spent on activities related to the CACFP (i.e., food service labor and/or administrative [Admin] labor duties). Examples of CACFP activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals, clean-up after meals, record keeping, attending inservices related to nutrition and food safety, maintaining inventory, etc. Additional instructions on back.

Employee Name (please print legibly) _____ Month/Year: _____

(A) Day of Month	(B) Total Day Care Hours Worked*	(C) Non- CACFP Hours	(D) CACFP Hours		(A) Day of Month	(B) Total Day Care Hours Worked*	(C) Non- CACFP Hours	(D) CACFP Hours	
			(D1) Food Service Labor	(D2) Admin. Labor				(D1) Food Service Labor	(D2) Admin. Labor
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL				

*Employee time cards must be available to validate total hours worked.

I certify that this is an accurate record of the number of hours on the Child and Adult Care Food Program.

Employee Name (please print legibly) _____

Employee's Signature _____

Date _____

Office Use Only: TO BE COMPLETED BY CENTER DIRECTOR/CACFP AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

Total hours worked on CACFP _____ x \$ _____ (hourly wage) = \$ _____ (Total CACFP salary)

B. (SALARIED STAFF)

Total hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %

Total Salary for month \$ _____ x _____ % = \$ _____ (Total CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative _____ Date _____

Time and Attendance/Time Distribution Instructions

1. Each person claimed for Child and Adult Care Food Program (CACFP) operations must complete their own form.
2. Report the actual time distribution of CACFP and non-CACFP activities after the fact. (Refer to the list below for food service labor and administrative labor duties.*)
3. Indicate the total hours worked; the total non-CACFP hours worked; and the CACFP hours (i.e., hours spent on CACFP duties food service labor [FSL] and administrative labor).
 - (a) The total of non-CACFP hours (column C) and CACFP Hours in column D [D1 + D2] should equal the total day care hours worked (column B).
 - (b) Example: On January 2, 2012, I worked a total of 8 day care hours; 2 of the hours were CACFP related (clean-up after meal service = FSL); the calculation $\rightarrow [8 - 2 = 6$ (non-CACFP hours worked)]. Go to Column A, to the second day of the month, enter 8 in Column B, enter 6 in Column C, enter 2 in column D1.
4. Total Columns B, C, D1 and D2 at the end of the month. Add columns D1 and D2 at the end of each month for the total number of CACFP hours worked. Supervisors only should proceed with the **Office Use Only** section. Follow instructions indicated.
5. The employee will sign the monthly report form.
6. The supervisor will sign the monthly report form.

Definition:

***Food Service Labor Cost** is considered time spent solely for the purpose of carrying out CACFP related duties and responsibilities. Cooks and employees, whose duties are directly related to the meal preparation, planning and service fall in this category.

Duties: meal planning and purchasing; meal preparation, serving, and clean-up of program meals; supervision of day to day food service operations including supervision of children during meal service; recording meal attendance (point-of-service meal counts).

***Administrative Labor** includes salaries and benefits of administrative personnel (secretaries, accountants and others) necessary to support program administrative activities allowable.

Duties: planning, organizing and managing the food service operation; completing the CACFP application; compiling daily records to complete the monthly reimbursement claim; training; preparing monthly reimbursement claim; conducting CACFP site review (monitoring).

NOTE: Administrative labor is chargeable at a rate of up to three (3) hours per day per person, not to exceed fifteen (15) hours per week per person.

Child & Adult Care Food Program
Center Compensation Plan: Year _____

Employee _____

Title or Position _____

Rate of Pay _____ per hour

_____ Food Service Labor

_____ per year

_____ Administrative Labor

Funding Source _____

Days Work: _____ (M - F)

(i.e., center business account, Food Program (CACFP) account, or other)

Hours _____

Other *(be specific)* _____

CACFP Duties: FOOD SERVICE LABOR	CACFP Duties: ADMINISTRATIVE LABOR
<p>Food Service Labor is considered time spent solely for the purpose of carrying out CACFP related duties and responsibilities. Cooks and employees, whose duties are directly related to the meal preparation, planning and service. <i>Check duties performed.</i></p>	<p>Administrative Labor includes salaries and benefits of administrative personnel (secretaries, accountants and others) necessary to support program administrative activities allowable. <i>Check duties performed.</i></p>
<p><input type="checkbox"/> Meal Planning <i>(writing menu)</i></p>	<p><input type="checkbox"/> Planning, Organizing and Managing the Food Service Operation</p>
<p><input type="checkbox"/> Meal Purchasing <i>(food shopping)</i></p>	<p><input type="checkbox"/> Completing the CACFP Application/Budget</p>
<p><input type="checkbox"/> Meal Preparation <i>(cooking)</i></p>	<p><input type="checkbox"/> Compiling Daily Records to complete the monthly reimbursement claim <i>(enrollment, attendance, meal counts)</i></p>
<p><input type="checkbox"/> Meal Serving</p>	<p><input type="checkbox"/> Preparing Monthly Reimbursement Claim</p>
<p><input type="checkbox"/> Meal Clean-up of Program Meals</p>	<p><input type="checkbox"/> Training</p>
<p><input type="checkbox"/> Supervision of Day to Day Food Service Operations <i>(including supervision of children during meal service)</i></p>	<p><input type="checkbox"/> Conducting CACFP Site Reviews (Monitoring)</p>
<p><input type="checkbox"/> Recording Meal Attendance <i>(point-of-service meal counts)</i></p>	<p><input type="checkbox"/> Completing/Reviewing/Compiling/Tallying CACFP Records <i>(itemized receipts, time & attendance logs for staff, enrollment records, roster, etc.)</i></p>
<p><input type="checkbox"/> Recording Time/Attendance (on CACFP Time & Attendance Log (daily)</p>	<p><input type="checkbox"/> Other (specify) _____</p>
<p><input type="checkbox"/> Other (specify) _____</p>	<p><input type="checkbox"/> Other (specify) _____</p>
<p>_____/_____</p>	<p>_____/_____</p>
<p align="center">Employee Signature/Date</p>	<p align="center">Supervisor Signature/Date</p>

Child and Adult Care Food Program Indirect Costs and Allocation Formula

This form must be completed by all sponsors who wish to have indirect costs allocated to the CACFP. Costs claimed that have not received prior approval from the state will not be included in costs used to determine nonprofit meal service. (Please consult FNS Instruction 796-2 for specific costs requiring prior written approval or for costs that should be included in your annual budget.)

Indirect costs benefit more than one function or activity, but cannot be easily identified or assigned. Indirect costs can benefit both allowable and unallowable activities. Examples include:

- Depreciation and use allowances on buildings and equipment used for common purposes;
- Costs of operating and maintaining facilities; and
- Salaries for office receptionist, central accounting staff and building janitor.

The Delaware CACFP will annually approve your allocation formula rate that covers allowable indirect costs. Please complete the information below. The state agency will review your information and approve an allocation formula rate for your facility to use.

Use the following to determine your allocation formula rate.

- a. What is the square footage of your dining area? _____ Sq. ft.
- b. What is the square footage of your kitchen and food storage? _____ Sq. ft.
- c. Add a and b together _____ Sq. ft. (CACFP related Sq. ft.)
- d. What is the total square footage of your center? _____ Sq. ft. **(Attach center floor plan)**
- e. _____ divided by _____ = _____
(c) CACFP related Sq. ft. (d) Total Sq. ft. % used for allocation rate

The information submitted above is being used to uniformly allow for the claiming of indirect costs that, in part, related to the operation of the Child and Adult Care Food Program. As the program owner, director or CACFP administrator, I certify this information is accurate and has been verified prior to submission to the state agency for approval.

Name of Sponsor Representative

Date

Name of State Agency Representative

Date

