

Child and Adult Care Food Program (CACFP) PERSONNEL ACTIVITY REPORT

Employee Name: _____ Month/Year: _____

Facility/Center Name: _____

INSTRUCTIONS: This form is for employees who spend **part of their day** working on the Food Program. Each month, indicate the number of hours per day spent on administrative and operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and compiling the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking, serving meals, and clean up after meals. This form will be used in documenting a nonprofit food service operation.

| Date | CACFP Hours Worked | Non-CACFP Hours | Total Hours Worked | Date | CACFP Hours Worked | Non-CACFP Hours | Total Hours Worked |
|------|--------------------|-----------------|--------------------|-------|--------------------|-----------------|--------------------|
| 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 | | | |

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

Employee's Signature

Date

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

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

B. (SALARIED STAFF)

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

Total Salary for month \$ _____ x _____ % = \$ _____ (Total Operational 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 _____