

CACFP Time Distribution Report

Name of Employee: _____ Week of _____ thru _____

For each day and time interval, enter 1 for CACFP Food Service Operation, or 2 for CACFP Administration, or 3 for Child Care

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:30 - 6:00 A.M.							
6:00 - 6:30 A.M.							
6:30 - 7:00 A.M.							
7:00 - 7:30 A.M.							
7:30 - 8:00 A.M.							
8:00 - 8:30 A.M.							
8:30 - 9:00 A.M.							
9:00 - 9:30 A.M.							
9:30 - 10:00 A.M.							
10:00 - 10:30 A.M.							
10:30 - 11:00 A.M.							
11:00 - 11:30 A.M.							
11:30 - 12:00 Noon							
12:00 Noon - 1:00 P.M.							
1:00 - 1:30 P.M.							
1:30 - 2:00 P.M.							
2:00 - 2:30 P.M.							
2:30 - 3:00 P.M.							
3:00 - 3:30 P.M.							
3:30 - 4:00 P.M.							
4:00 - 4:30 P.M.							
4:30 - 5:00 P.M.							
5:00 - 5:30 P.M.							
5:30 - 6:00 P.M.							
TOTALS	1= _____	1= _____	1= _____	1= _____	1= _____	1= _____	1= _____
	2= _____	2= _____	2= _____	2= _____	2= _____	2= _____	2= _____
	3= _____	3= _____	3= _____	3= _____	3= _____	3= _____	3= _____

Total Hours for CACFP Food Service Operation: _____ CACFP Administration: _____ Child Care: _____

We certify to the best of our knowledge that this report is true and correct in all aspects.

Employee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____