RISING PHOENIX ENRICHMENT PROGRAM, INC

950 EAGLES LANDING PKWY, SUITE 429, STOCKBRIDGE, GA 30281

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# CACFP Food Program

**Operating Time Sheets for Day Care Centers**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Center’s Name:** |  |  | **Staff Name:** |  |  |
|  | Pay Period Begin: |  |  | End: |  |  |
| Month | Date | Time In | Break |  | Time Out | Hours Worked | Initials |
|  | 1 |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |
|  | 4 |  |  |  |  |  |  |
|  | 5 |  |  |  |  |  |  |
|  | 6 |  |  |  |  |  |  |
|  | 7 |  |  |  |  |  |  |
|  | 8 |  |  |  |  |  |  |
|  | 9 |  |  |  |  |  |  |
|  | 10 |  |  |  |  |  |  |
|  | 11 |  |  |  |  |  |  |
|  | 12 |  |  |  |  |  |  |
|  | 13 |  |  |  |  |  |  |
|  | 14 |  |  |  |  |  |  |
|  | 15 |  |  |  |  |  |  |
|  | 16 |  |  |  |  |  |  |
|  | 17 |  |  |  |  |  |  |
|  | 18 |  |  |  |  |  |  |
|  | 19 |  |  |  |  |  |  |
|  | 20 |  |  |  |  |  |  |
|  | 21 |  |  |  |  |  |  |
|  | 22 |  |  |  |  |  |  |
|  | 23 |  |  |  |  |  |  |
|  | 24 |  |  |  |  |  |  |
|  | 25 |  |  |  |  |  |  |
|  | 26 |  |  |  |  |  |  |
|  | 27 |  |  |  |  |  |  |
|  | 28 |  |  |  |  |  |  |
|  | 29 |  |  |  |  |  |  |
|  | 30 |  |  |  |  |  |  |
|  | 31 |  |  |  |  |  |  |
|  |  |  |  |  |  | Total: |  |

Signature Date: