

South Carolina Department of Social Services
TIME SHEET FOR DAY CARE CENTERS

Center Name: _____
 Employee Name: _____
 Employee Position: _____

Week Beginning: (MM/DD/YY) _____
 Week Ending: (MM/DD/YY) _____

Time	AM / PM	MON	TUES	WED	THUR	FRI	SAT	SUN
5:00 - 5:30								
5:30 - 6:00								
6:00 - 6:30								
6:30 - 7:00								
7:00 - 7:30								
7:30 - 8:00								
8:00 - 8:30								
8:30 - 9:00								
9:00 - 9:30								
9:30 - 10:00								
10:00 - 10:30								
10:30 - 11:00								
11:00 - 11:30								
11:30 - 12:00								
12:00 - 12:30								
12:30 - 1:00								
1:00 - 1:30								
1:30 - 2:00								
2:00 - 2:30								
2:30 - 3:00								
3:00 - 3:30								
3:30 - 4:00								
4:00 - 4:30								
4:30 - 5:00								
5:00 - 5:30								
5:30 - 6:00								
6:00 - 6:30								

Time	AM / PM	MON	TUES	WED	THUR	FRI	SAT	SUN
6:30 - 7:00								
7:00 - 7:30								
7:30 - 8:00								
8:00 - 8:30								
8:30 - 9:00								
9:00 - 9:30								
9:30 - 10:00								
10:00 - 10:30								
10:30 - 11:00								
11:00 - 11:30								
11:30 - 12:00								
12:00 - 12:30								
12:30 - 1:00								

CODES:		TOTAL HOURS:
C	Cooking	C
MS	Meal Service	MS
CL	Clean Up	CL
A	Administrative Paperwork	A
TR	Travel/Transportation	TR
TG	Training	TG
OT	Other	OT
		TOTAL HOURS WORKED

By signing below, I am certifying that the information contained on this time sheet is true and accurate.

CACFP Hours		
KITCHEN HOURS	divided by	TOTAL HOURS = PERCENTAGE OF TIME
<input type="text"/>		<input type="text"/> = <input type="text"/>
ADMIN. HOURS	divided by	TOTAL HOURS = PERCENTAGE OF TIME
<input type="text"/>		<input type="text"/> = <input type="text"/>

Weekly Salary	x	% of time (Kitchen)	=	CACFP Weekly Salary (Kitchen)
<input type="text"/>		<input type="text"/>		<input type="text"/>
Weekly Salary	x	% of time (Admin)	=	CACFP Weekly Salary (Admin.)
<input type="text"/>		<input type="text"/>		<input type="text"/>
Amount to enter on SOE. CACFP Weekly Salary (Kitchen + Admin.)				<input type="text"/>

Instructions:

General Information:

- ❖ Enter Center's Name and Employee's Name and Position;
- ❖ Indicate week beginning and week ending. (ie: Month/Day/Year)
- ❖ Daily activity must be recorded in at least 30 minute intervals using identified CACFP codes; Record all work time to include CACFP and Non-CACFP activity.

Codes:

C – Cooking; **MS** – Meal Service; **CL** – Clean Up; **A** – Administrative Paperwork
TR – Travel/Transportation; **TG** – Training; **OT** – Other (All Non-CACFP Activity)
Any time that is not payable is left blank (ie: lunch hour).

Total Hours Worked:

- ❖ Total Hours by each code;
- ❖ Add hours to obtain Total Hours Worked

CACFP Hours:

- ❖ Enter total time related to Kitchen Hours and divide it by the Total Hours worked to determine the percentage of time.
- ❖ Enter total time related to Admin. Hours and divide it by the Total Hours worked to determine the percentage of time.
- ❖ Enter the Weekly Salary earned by employee. Multiply the percentage of time (Kitchen) which equals the CACFP Weekly Salary (Kitchen)
- ❖ Enter the Weekly Salary earned by employee. Multiply the percentage of time (Admin.) which equals the CACFP Weekly Salary (Admin)
- ❖ Add the CACFP Weekly Salary (Kitchen + Admin) and enter on Summary of Expense Form

Signature

- ❖ Employee must SIGN in the designated place at the end of the week. All signatures must be in ink.