

CHILD AND ADULT CARE FOOD PROGRAM TRAINING DOCUMENTATION

CACFP SPONSOR NAME:	
CACFP SPONSOR AGREEMENT #	
DATE OF TRAINING SESSION:	
TIME OF TRAINING SESSION:	
NAME AND TITLE OR POSITION OF TRAINER:	
<u>TOPICS DISCUSSED:</u> (Check (X) the box for each topic discussed during the session.)	New Meal Pattern Requirements <input type="checkbox"/> Menus <input type="checkbox"/> Meal Count Procedures <input type="checkbox"/> Enrollment Statements <input type="checkbox"/> Income Eligibility Classifications <input type="checkbox"/> Record Keeping Procedures <input type="checkbox"/> Itemized Receipts <input type="checkbox"/> Time and Attendance Logs <input type="checkbox"/> Training Requirements <input type="checkbox"/> Monitoring Requirements <input type="checkbox"/> Claim Completion Procedures <input type="checkbox"/> Daily Attendance Records <input type="checkbox"/> Sanitation <input type="checkbox"/> Household Contacts <input type="checkbox"/> Civil Rights <input type="checkbox"/> Other <input type="checkbox"/>
STAFF	
NAME	TITLE OR POSITION