



## The Child and Adult Care Food Program

### Training Documentation Form

CACFP Institution Name: \_\_\_\_\_

CACFP Institution Agreement #: \_\_\_\_\_

Date of Training Session: \_\_\_\_\_

Time of Training Session: \_\_\_\_\_

Location of Training Session: \_\_\_\_\_

Name and Job Title/Position of Trainer: \_\_\_\_\_

**Topics Discussed:** (Check all topics discussed during the training session)

- |  |                                   |
|--|-----------------------------------|
| _____ Meal Pattern Requirements                | _____ Itemized Receipts           |
| _____ Menus                                    | _____ Time & Attendance Logs      |
| _____ Meal Count Procedures                    | _____ Training Requirements       |
| _____ Enrollment/Income Eligibility Statements | _____ Monitoring Requirements     |
| _____ Income Eligibility Classifications       | _____ Claim Completion Procedures |
| _____ Record Keeping Procedures                | _____ Daily Attendance Records    |
| _____ Civil Rights                             |                                   |
| _____ Other _____                              |                                   |

<b>Attendee Sign-In:</b>	
<b><u>Name</u></b>	<b><u>Position Title</u></b>