The Child and Adult Care Food Program (CACFP)

Training Documentation Form

CACFP Institution Name: _____

CACFP Institution Agreement #: _____

Date of Training Session: _____

Time of Training Session: _____

Name and Title of or 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 Statements	_____	Monitoring Requirements
_____	Income Eligibility Classifications	_____	Claim Completion Procedures
_____	Record Keeping Procedures	_____	Daily Attendance Records
_____	Other		_____

_____

Attendee Sign-In:

Name   **Position Title**

_____

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