

**ANNUAL TRAINING REQUIREMENT FOR KEY STAFF
INDEPENDENT CENTERS AND SPONSORING ORGANIZATIONS**

Who is “Key Staff”?

- ❖ Center Director
- ❖ Cook (if meals are prepared on site)
- ❖ Staff who plan menus
- ❖ Staff involved in free and reduced price determinations
- ❖ Business owner, if applicable
- ❖ Teachers (if supervise meal services)
- ❖ Staff who compile claims

All staff must be trained prior to performing assigned CACFP functions. Training must be conducted for pertinent staff. Training agendas must be documented and available on file.

What topics should be addressed at training?

- ❖ CACFP Meal Pattern Requirements
- ❖ Accurate Meal Counts and Attendance
- ❖ Recordkeeping
- ❖ Enrollment Forms
- ❖ Income Eligibility Status
- ❖ Food Service Documentation
- ❖ Reimbursement Process
- ❖ Claims Submission
- ❖ New Regulations and Program Changes
- ❖ Infant Menus
- ❖ Master Enrollment List
- ❖ Household Contact Policy
- ❖ Civil Rights
- ❖ Seriously Deficient Process
- ❖ Other

The above list is not all inclusive; it is up to the center to determine the scope of the training. Also, training can vary depending upon the experience level of your staff.

I certify that I understand and will ensure compliance with Child and Adult Care Food Program training requirements.

Authorized Representative: _____ **Date:** _____

Annual Training Documentation

Name of Sponsor: _____ **Number of Sites:** _____

Date of Training Session: _____

Time of Training Session: _____

Name of Person Providing Training: _____

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Topics addressed at the training:

- | | |
|---|---|
| <input type="checkbox"/> CACFP Meal Pattern Requirements
<input type="checkbox"/> Accurate Meal Counts and Attendance
<input type="checkbox"/> Recordkeeping
<input type="checkbox"/> Enrollment Forms
<input type="checkbox"/> Income Eligibility Status
<input type="checkbox"/> Food Service Documentation
<input type="checkbox"/> Monitoring, if applicable
<input type="checkbox"/> Civil Rights | <input type="checkbox"/> Reimbursement Process
<input type="checkbox"/> Claims Submission
<input type="checkbox"/> New Regulations and Program Changes
<input type="checkbox"/> Infant Menus, if applicable
<input type="checkbox"/> Master Enrollment List
<input type="checkbox"/> Household Contact Policy, if applicable
<input type="checkbox"/> Seriously Deficient Process
<input type="checkbox"/> Other _____ |
|---|---|

The above list is not all inclusive; it is up to the center to determine the scope of the training. Also, training can vary depending upon the experience level of your staff.

Title/Responsibility	Signature	Site

I certify that the training above was provided to the key staff listed.

Trainer Signature _____ **Date** _____