

**CHILD AND ADULT CARE FOOD PROGRAM
TRAINING DOCUMENTATION FORM**

Center Name: _____
(Name of Institution)

Date of Training Session: _____

Time of Training Session: _____

Name & Title of Trainer: _____

- | | | |
|--|---|-----|
| Topics Discussed:

(Check the box for
each topic discussed
during the session) | Meal Pattern Requirements | () |
| | Menus | () |
| | Meal Count Procedures | () |
| | Income Eligibility Forms | () |
| | Recordkeeping Procedures | () |
| | Monitoring Requirements (<i>sponsoring organizations</i>) | () |
| | Enrollment and Attendance Records | () |
| | Civil Rights | |
| | Other: _____ | () |
| | _____ | () |

ATTENDEES

(Each Person Attending Must Sign In)

<u>Name</u>	<u>Title or Position</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use additional sheets if necessary.