Child and Adult Care Food Program Staff Training

SPONSOR or SITE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STARTING TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENDING TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

TRAINING LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINER(S):

# GENERAL TOPICS DISCUSSED

## RECORD KEEPING

\_\_\_\_\_ Meal Counts

\_\_\_\_\_ Meal Pattern

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ One Month Enrollment Report (OMER)

\_\_\_\_\_ Confidential Income Statements (CIS)

\_\_\_\_\_ CACFP Child Enrollment Forms

\_\_\_\_\_ Medical Statements of Food Substitutions

\_\_\_\_\_ Infant Formula Statements (if applicable)

\_\_\_\_\_ Civil Rights Requirements

\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **MEAL PLANNING**

\_\_\_\_\_ Required Food Production Documentation (menus and food receipts)

\_\_\_\_\_ Menu Production Records (if applicable)

\_\_\_\_\_ Meal Service Style (Family, Restaurant, Cafeteria, or Combination)

\_\_\_\_\_ Portion Sizes

\_\_\_\_\_ OTHER

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| *Print Staff Name:* | *Position:* | *Signature:* |
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TRAINING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRAINING LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

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