

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provider Training Certification

(*white copy*-sponsor, *yellow copy*-state agency, *pink copy*-provider)

- | | |
|---------------------------------------|---|
| _____ 1. License Requirements | _____ 13. Monitoring (Sponsor, State, USDA) |
| _____ 2. CACFP Meal Pattern | _____ 14. Training Requirements |
| _____ 3. Reimbursement Process | _____ 15. Meal Service Times |
| _____ 4. Meal and Attendance Sheet | _____ 16. Records Maintained Daily |
| _____ 5. Accurate Daily Meal Counts | _____ 17. Block Claiming |
| _____ 6. Menus | _____ 18. Providers Own Children |
| _____ 7. Enrollment Records | _____ 19. Sanitation and Facilities |
| _____ 8. Sign in/out Records | _____ 20. 24 hr. Absence Notice |
| _____ 9. Age Requirements | _____ 21. Medical Statements |
| _____ 10. Infant Feeding Requirements | _____ 22. Site Sheet and Agreement |
| _____ 11. USDA Letter to Provider | _____ 23. Serious Deficiency Process |
| _____ 12. Claim Submission | _____ 24. Appeal Process |

_____ **Other:** _____

I hereby certify that the information listed was presented to me by the sponsoring organization prior to entering into an agreement with this sponsoring organization for participating in the CACFP and I fully understand what is expected and required for reimbursement to be claimed for meals served. The home provider will place their initials next to each topic listed on this form.

Name of Provider

Sponsor Representative.

Date

Date