

## MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE SUMMER FOOD SERVICE PROGRAM (SFSP)

## **Documentation of Training to Program Personnel**

Name and Address of Sponsor				Date of Training	
Name of Trainer(s)		Location of Training			
Training Topics: Check the topics covered and list any additional. Topics listed below are the minimum required.					
☐ Purpose of the Program☐ Meal Pattern Requirements	☐ Site Eligibility☐ Site Operations		Record-Keeping Duties of a Monitor		Civil Rights Other
Attach additional pages if necessary or att	ach copy of training program outline.				
Training Participant (print name)	Participant's Signature		Title		Name of Participant's Site