



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM

ANNUAL CACFP TRAINING DOCUMENTATION

DATE (MONTH/DAY/YEAR)	TRAINING LENGTH
TRAINING LOCATION	
TRAINER NAME	TITLE / POSITION
Required TOPICS <input type="checkbox"/> Meal Pattern Requirements* <input type="checkbox"/> Recordkeeping Requirements* <input type="checkbox"/> Meal Count Records (point of service)* <input type="checkbox"/> Reimbursement System* <input type="checkbox"/> Claim Submission & Review Procedures* <input type="checkbox"/> Civil Rights Training**	Optional Topics: <input type="checkbox"/> Daily Attendance Records <input type="checkbox"/> Creditable Foods <input type="checkbox"/> Child Nutrition <input type="checkbox"/> Fostering Healthy Eating Habits <input type="checkbox"/> Infant Feeding (if applicable) <input type="checkbox"/> Menus _____ <input type="checkbox"/> Other _____

Participant Sign-In Log

Full Name and Position	Center/Location
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

*REQUIRED TRAINING TOPICS per Federal Regulation 7 CFR 226.15(e)(14). Training must include instruction, appropriate to the level of staff experience and duties, on Program requirements. Attach a copy of the training outline or lesson plan to this form, if applicable.

**Adherence with Civil Rights Requirements per FNS Instruction 113-1, XI