MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

ANNUAL CACFP TRAINING DOCUMENTATION

DATE (MONTH/DAY/YEAR)	TRAINING LENGTH

TRAINING LOCATION

TRAINER NAME	TITLE/POSITION

Required TOPICS

- ☐ Meal Pattern Requirements*
- ☐ Recordkeeping Requirements*
- ☐ Meal Count Records (point of service)*
- ☐ Reimbursement System*
- ☐ Claim Submission & Review Procedures*
- ☐ Civil Rights Training**

Optional Topics:

- ☐ Daily Attendance Records
- ☐ Creditable Foods
- ☐ Child Nutrition
- ☐ Fostering Healthy Eating Habits
- ☐ Infant Feeding (if applicable)
- ☐ Menus _____
- ☐ 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