



HANDOUT # 20

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) TRAINING DOCUMENTATION

This documentation must be completed for the required annual training in the Child and Adult Food Program (CACFP). Attach a detailed agenda, sign-in sheets and any handouts that were distributed at the training. Records must be maintained on file three years.

SPONSOR AGREEMENT NUMBER 300-51-547-4

SPONSOR NAME Lemons Inc.

LOCATION _____ DATE _____ TIME _____

NAME AND TITLE OF TRAINER Paige Davis, Sponsor

TOPICS DISCUSSED: (Check that box for the topic(s) presented)

Attendance	(<input checked="" type="checkbox"/>)
Enrollment	(<input checked="" type="checkbox"/>)
Income Eligibility	(<input checked="" type="checkbox"/>)
Infant Meal Pattern	(<input checked="" type="checkbox"/>)
Breast Feeding	(<input checked="" type="checkbox"/>)
Child Meal Pattern	(<input checked="" type="checkbox"/>)
Adult Meal Pattern	(<input checked="" type="checkbox"/>)
Menu Recordkeeping	(<input checked="" type="checkbox"/>)
Meal Count Procedures	(<input checked="" type="checkbox"/>)
Monitoring	(<input checked="" type="checkbox"/>)
Time and Attendance	(<input checked="" type="checkbox"/>)
Itemized Receipts	(<input checked="" type="checkbox"/>)
Tiering	(<input checked="" type="checkbox"/>)
Claim for Reimbursement	(<input checked="" type="checkbox"/>)
Food Safety and Sanitation	(<input checked="" type="checkbox"/>)
Title XX Eligibility	(<input checked="" type="checkbox"/>)
Civil Rights	(<input checked="" type="checkbox"/>)
PDE Memoranda (Subject _____)	(<input checked="" type="checkbox"/>)
Other _____	(<input checked="" type="checkbox"/>)

PDE CACFP-13006, PDE CACFP-21013, PDE CACFP-21019,

ATTENDANCE SIGN-IN

Name (printed)

Title/Position

Signature

Attach additional attendance	Sign-in sheets (if needed)	