



A Texas CACFP Sponsor | CE ID: 06465

Center Name: _____ Site ID# _____

Date: _____ Time: _____

Location: _____

Name and Job Title/Position of Trainer: _____

Topics Discussed: (Check all topics discussed during the training session)

- | | |
|---|---|
| <input type="checkbox"/> Meal Pattern Requirements | <input type="checkbox"/> Itemized Receipts |
| <input type="checkbox"/> Menus | <input type="checkbox"/> CN Labels |
| <input type="checkbox"/> Meal Count Procedures | <input type="checkbox"/> Training Requirements |
| <input type="checkbox"/> Enrollment/Income Eligibility Statements | <input type="checkbox"/> Monitoring Requirements |
| <input type="checkbox"/> Income Eligibility Classifications | <input type="checkbox"/> Claim Completion Procedures |
| <input type="checkbox"/> Record Keeping Procedures | <input type="checkbox"/> Daily Attendance Records |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Time Distribution Forms & Payroll Verification |
| <input type="checkbox"/> Other | |

Attendee Sign-In:	
<u>Name</u>	<u>Position Title</u>