

**North Carolina Department of Health and Human Services
Division of Public Health
Women's & Children's Health Section
Nutrition Services Branch
Special Nutrition Programs
Child and Adult Care Food Program**

Sponsor Training Certification

I certify that all key staff and facilities sponsored by 1. _____
(Name of Sponsoring Organization)
have been/will be trained on the following six required content areas for fiscal year 2013-2014.

- CACFP Meal Pattern
- Reimbursement Process
- Accurate Meal Counts
- Claim Submission
- Recordkeeping
- Civil Rights
 - Collection and use of data,
 - Effective public notification systems,
 - Complaint procedures,
 - Compliance review techniques,
 - Resolution of noncompliance,
 - Requirements for reasonable accommodation of persons with disabilities,
 - Requirements for language assistance,
 - Conflict resolution, and
 - Customer service.

I understand that the training(s) must be documented, specifying the date(s) of the training, the topics covered, location, and a list of all attendees.

2. _____
(Signature of Authorized Representative)

5. _____
(Date)

3. _____
(Printed Name)

4. _____
(Title)

Instructions for Completing the Sponsor Training Certification

1. **Name of Sponsoring Organization:** Provide the name of the institution.
2. **Signature of Institution Authorized Representative:** Provide the signature of the institutions authorized representative. Note: This person should be listed on the institution's statement of authority.
3. **Printed Name:** Provide the printed name of the institutions authorized representative.
4. **Title:** Provide the title of the institution's authorized representative.
5. **Date:** Provide the date in which the institutions authorized representative completed the form.