

Child and Adult Care Food Program

TRAINING AGENDA

For Sponsoring Organizations

Institution Name: _____ Agreement #: _____

Center Name: _____

Training Date(s): _____

Location: _____

TRAINING TOPICS

- **Recordkeeping**
- **Meal Patterns**
- **Meal Counts**
- **Reimbursement Process**
- **Claim Submission**
- **Monitoring**
- **Civil Rights**
 - 6 Protected Classes:
 - Race
 - Color
 - National origin
 - Sex
 - Age
 - Disability
 - 9 Compliance Areas:
 - Collection and use of data
 - Effective public notification systems
 - Complaint procedures
 - Compliance reviews
 - Resolution of noncompliance
 - Requirements for reasonable accommodation of persons with disabilities
 - Requirements for language assistance
 - Conflict resolution
 - Customer service

List any additional training topics covered: <ul style="list-style-type: none">• _____• _____• _____• _____• _____• _____• _____
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Sign in sheet on reverse

