

**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 _____
(Name & Agreement Number of Sponsoring Organization)
have been/will be trained on the following six required content areas for fiscal year 2016-2017.

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

(Signature of Authorized Representative)

(Printed Name of Authorized Representative)

(Title)

(Date)