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

Sponsor Training Certification

I certify that all facilities sponsored by _____
(Name of Sponsoring Organization)
have been/will be trained on the following six required content areas for fiscal year 2009-2010.

- 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.

_____ _____
(Signature of Authorized Representative) (Date)

_____
(Printed Name)

_____
(Title)