Provider Training Certification

(white copy-sponsor, yellow copy-state agency, pink copy-provider)

1. License Requirements
2. CACFP Meal Pattern
3. Reimbursement Process
4. Meal and Attendance Sheet
5. Accurate Daily Meal Counts
6. Menus
7. Enrollment Records
8. Sign in/out Records
9. Age Requirements
10. Infant Feeding Requirements
11. USDA Letter to Provider
12. Claim Submission
13. Monitoring (Sponsor, State, USDA)
14. Training Requirements
15. Meal Service Times
16. Records Maintained Daily
17. Block Claiming
18. Providers Own Children
19. Sanitation and Facilities
20. 24 hr. Absence Notice
21. Medical Statements
22. Site Sheet and Agreement
23. Serious Deficiency Process
24. Appeal Process

Other:

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I hereby certify that the information listed was presented to me by the sponsoring organization prior to entering into an agreement with this sponsoring organization for participating in the CACFP and I fully understand what is expected and required for reimbursement to be claimed for meals served. The home provider will place their initials next to each topic listed on this form.

Name of Provider ___________________________ Sponsor Representative ____________________

Date ___________________________ Date ___________________________