



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ANNUAL CACFP TRAINING DOCUMENTATION

DATE (MONTH/DAY/YEAR)	TRAINING LENGTH
TRAINING LOCATION	
TRAINER NAME	TITLE/POSITION

Required TOPICS

- Meal Pattern Requirements*
- Recordkeeping Requirements*
- Meal Count Records (point of service)*
- Reimbursement System*
- Claim Submission & Review Procedures*
- Civil Rights Training**

Optional Topics:

- Daily Attendance Records
- Creditable Foods
- Child Nutrition
- Fostering Healthy Eating Habits
- Infant Feeding (if applicable)
- Menus _____
- Other _____

Participant Sign-In Log

Full Name and Position	Center/Location
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

*Required Training Topics per Federal Regulation 7 CFR 226.15(e)(14). Training must include instruction, appropriate to the level of staff experience and duties, on Program requirements. Attach a copy of the training outline or lesson plan to this form, if applicable.

** Adherence with Civil Rights Requirements per FNS Instruction 113-1, XI