

**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)