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 2010-2011.

- 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)

Nutrition Services
(6/10)