

**North Carolina Department of Health and Human Services  
Division of Public Health/Women's & Children's Health Section  
Nutrition Services Branch/Special Nutrition Programs  
Child and Adult Care Food Program**

**Sponsor Training Certification**

I certify that all key staff and facilities sponsored by \_\_\_\_\_  
(Name & Agreement Number of Sponsoring Organization)  
have been/will be trained on the following six required content areas for fiscal year 2018-2019.

- CACFP Meal Patterns
- Accurate Meal Counts
- Claims Submission and Claim Review Procedures
- Recordkeeping Requirements
- Reimbursement System
- Civil Rights
  - o Collection and use of data,
  - o Effective public notification systems,
  - o Complaint procedures,
  - o Compliance review techniques,
  - o Resolution of noncompliance,
  - o Requirements for reasonable accommodation of persons with disabilities,
  - o Requirements for language assistance,
  - o Conflict resolution, and
  - o 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)

\_\_\_\_\_  
(Printed Name of Authorized Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)