



Institution Training Certification – Independent Centers

I certify that all key staff at _____
Name and Agreement Number of Institution

have been/will be trained appropriate to the level of experience and duties on the following required content areas for fiscal year 2020.

- **Accurate Meal Counts**
- **CACFP Meal Patterns**
- **Claims Submission and Claim Review Procedures**
- **Recordkeeping Requirements**
- **Explanation of the Program’s Reimbursement System**
- **Adherence of 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**
 - **Customer service**

I understand that trainings must be documented, specifying the dates and location of the training, the topics covered, and a list of all attendees.

Signature of Authorized Representative

Printed Name of Authorized Representative

Title

Training webinars, including a pre-recorded civil rights training, are available on the NC Nutrition Services Branch website: <https://www.nutritionnc.com/snp/training.htm>