I certify that all key staff and facilities sponsored by ____________________________  
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