



NEW JERSEY DEPARTMENT OF AGRICULTURE

DIVISION OF FOOD AND NUTRITION

CHILD AND ADULT CARE FOOD PROGRAM

CACFP ANNUAL STAFF TRAINING DOCUMENTATION

(Staff Training and Documentation Must Be Completed Annually For CACFP Compliance)

SPONSORS ARE REQUIRED TO PROVIDE ANNUAL TRAINING FOR ALL STAFF INVOLVED WITH THE CHILD AND ADULT CARE FOOD PROGRAM (INCLUDING BOARD MEMBERS). BOARD MEMBERS MUST HAVE ADEQUATE OVERSIGHT OF THE PROGRAM, WHEREBY IT PERIODICALLY ASSESSES PROGRAM MANAGEMENT AND KNOWS OF ANY COMPLIANCE ISSUES RESULTING FROM CACFP REVIEWS OR AUDITS. AGENCIES ARE REQUIRED TO MAINTAIN A ROSTER OF BOARD MEMBERS, AND MINUTES OF BOARD MEETINGS, TO DOCUMENT THAT THE BOARD EXISTS, MEETS ON A REGULAR BASIS, AND PERFORMS ITS REQUIRED FUNCTIONS.

THESE TRAININGS MUST BE CONDUCTED AFTER THE RECEIPT OF THE CACFP APPLICATION AND ANNUAL RENEWALS. THIS FORM MUST BE USED. **YOU MAY INCLUDE OR ATTACH ADDITIONAL SHEETS OR TRAINING DOCUMENTATION**, BUT ALL TRAINING TOPICS MUST BE COVERED AND THIS FORM MUST BE COMPLETED TO MEET PROGRAM COMPLIANCE. KEEP THIS COMPLETED FORM ON FILE FOR REVIEW BY THE CHILD AND ADULT CARE FOOD PROGRAM DURING ADMINISTRATIVE REVIEWS.

CACFP SPONSOR NAME:																																			
CACFP SPONSOR AGREEMENT #																																			
DATE OF TRAINING SESSION:																																			
TIME OF TRAINING SESSION:																																			
NAME AND TITLE OR POSITION OF TRAINER:																																			
TOPICS DISCUSSED: <i>(Check (✓) the box for each topic discussed during the session.)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Meal Pattern Requirements</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Menus</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Meal Count Procedures</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Enrollment Statements</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Income Eligibility Classifications</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Record Keeping Procedures</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Itemized Receipts</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Time and Attendance Logs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Training Requirements</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Monitoring Requirements <i>(If your agency has programs on Schedule A, located at a different address.)</i></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Claim Completion and Submission Procedures</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Daily Attendance Records</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sanitation</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Serious Deficient Process for Facilities</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Block Claiming/Household Contact</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr style="background-color: yellow;"><td>Civil Rights Requirements</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Meal Pattern Requirements	<input type="checkbox"/>	Menus	<input type="checkbox"/>	Meal Count Procedures	<input type="checkbox"/>	Enrollment Statements	<input type="checkbox"/>	Income Eligibility Classifications	<input type="checkbox"/>	Record Keeping Procedures	<input type="checkbox"/>	Itemized Receipts	<input type="checkbox"/>	Time and Attendance Logs	<input type="checkbox"/>	Training Requirements	<input type="checkbox"/>	Monitoring Requirements <i>(If your agency has programs on Schedule A, located at a different address.)</i>	<input type="checkbox"/>	Claim Completion and Submission Procedures	<input type="checkbox"/>	Daily Attendance Records	<input type="checkbox"/>	Sanitation	<input type="checkbox"/>	Serious Deficient Process for Facilities	<input type="checkbox"/>	Block Claiming/Household Contact	<input type="checkbox"/>	Civil Rights Requirements	<input type="checkbox"/>	Other	<input type="checkbox"/>
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STAFF

NAME	TITLE OR POSITION