



Institution Training Certification – Sponsoring Organizations

Institution Name _____ Agreement Number _____

I certify that all facilities under this sponsorship have adhered to the training requirements set forth in the Program regulations. All key staff have been or will be trained before the start of the 2023 fiscal year on the following required content areas as appropriate to their level of experience and duties:

- **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

Date

Printed Name of Authorized Representative

Title

Training webinars, including a pre-recorded civil rights training, are available on the NC CACFP website training page: <https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/child-and-adult-care-food-program-cacfp/cacfp-training>