Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program **Training Agenda for Independent Centers**



Institution Name: _____ Agreement #: _____

Training Topics (Required Annually)

- Recordkeeping
- Meal Patterns
- Meal Counts
- **Civil Rights** to include:
 - 6 Protected Classes:
 - Race
 - Color
 - . National origin
 - Sex
 - Age
 - Disability
 - 9 Compliance Areas:
 - Collection and use of data
 - Effective public notification systems
 - Complaint procedures
 - Compliance reviews
 - Resolution of noncompliance .
 - Requirements for reasonable accommodation of persons with disabilities
 - Requirements for language assistance
 - . Conflict resolution
 - Customer service

List any additional training topics covered:

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Institution Name:	Agreement #:
Training Date(s):	
Location:	

Print Name Position Signature