Sponsor: _____ Sponsor Number: _____

VERIFICATION OF CACFP STAFF TRAINING

For Training Given ***October 1 to September 30***
Program Year_____

All sponsors must submit annual verification that all staff with CACFP responsibilities have received ***Civil Rights training*** *plus appropriate* ***CACFP training*** *(7 CFR 226.6 and 226.16(d)(3)). Please complete the form and list all Civil Rights and CACFP training given to staff during the program year. All training must be documented and on file according to the sponsor's Management Plan.*

Date	**Training Topic**	**Audience** (All staff, cooks, teachers, etc)	**Site(s) Trained**