

***Sample of training delivered in-person***

*Sponsoring Organization name and letterhead or logo*

CACFP Program Management Training

Location: physical address of the public venue where the training is delivered.

Date(s) & duration of this training including start- and end-time

Instructor(s): full name(s), job title(s)

ECP Approval #: \_\_\_\_\_

For 2 hours of training in the Program Management Knowledge Base.

Learning Objectives:

1. Gain knowledge of federal and state regulations for the CACFP Program
2. Complete annual civil rights training

Agenda:

1. Attendance (Sign-in on ECP-provided sheet)
2. Introduction and welcome
3. Review CACFP Sponsor/Provider Agreement
4. CACFP recordkeeping and reporting requirements update
5. Annual civil rights training
6. Best practices
7. Q & A
8. Evaluations
9. Certificates of attendance provided by ECP

References and sources of information presented (list)

Handouts or other materials distributed (list)

This institution is an equal opportunity provider.