



# St. Mary's Food Bank Alliance Kids Cafe Annual Training Sign-In Sheet



Training Date: \_\_\_\_\_

Site Name: \_\_\_\_\_

Trainer: \_\_\_\_\_

Site Location: \_\_\_\_\_

### Training Topics:

- Purpose of the Program Meal Pattern Requirements Site Eligibility
- Site Operations
- Record Keeping Duties
- Other

*My signature below acknowledges that I have received and reviewed all required training as outlined in the Child and Adult Care Food Program (CACFP) PowerPoint presentation, and that I have a clear knowledge of the requirements needed to run a successful and compliant meal program.*

### Attendee Sign-In

- |    |             |              |
|----|-------------|--------------|
| 1. | <b>Sign</b> | <b>Print</b> |
| 2. | <b>Sign</b> | <b>Print</b> |
| 3. | <b>Sign</b> | <b>Print</b> |
| 4. | <b>Sign</b> | <b>Print</b> |
| 5. | <b>Sign</b> | <b>Print</b> |
| 6. | <b>Sign</b> | <b>Print</b> |