

Child and Adult Care Food Program (CACFP) Training Certification

I certify I viewed the following online training sessions based on the CACFP Policy & Procedure Manual. I understand that I am responsible for complying with the content of the training.

Online Training sessions completed

Enter date completed:

Time:

_____ Chapter 1 -Introduction	10:50
_____ Chapter 2 -Application & Renewal Process	08:04
_____ Chapter 3 -Eligibility Determinations – CIS for Child Care	07:29
_____ Chapter 3 -Approving Confidential Income Statements for Child Care	12:52
_____ Chapter 3 -Eligibility Determinations for Adult Day Care Programs	15:48
_____ Chapter 4 -Part I The One Month Enrollment Roster – Child Care	10:12
_____ Chapter 4 -Part II The One Month Enrollment Roster – Child Care	15:40
_____ Chapter 4 -Part I The One Month Enrollment Roster – Adult Day Care	09:59
_____ Chapter 4 -Part II The One Month Enrollment Roster – Adult Day Care	15:02
_____ Chapter 5 -Part I Enrollment	09:14
_____ Chapter 5 -Part II Enrollment – Demonstration	06:44
_____ Chapter 5 -Attendance Records	02:33
_____ Chapter 5 -Meal Counts	07:43
_____ Chapter 6 -Reimbursement Claim	27:58
_____ Chapter 7 -Non-Profit Food Service	14:33
_____ Chapter 8 -Meal Service Requirements – all except Adult Day Care	20:40
_____ Chapter 9 -Part I Infants – Meal pattern	17:52
_____ Chapter 9 -Part II Infants – Record Keeping	14:59
_____ Chapter 10-Menu Records	14:29
_____ Chapter 11-Civil Rights	12:00
_____ Chapter 12-Training Requirements	05:46
_____ Chapter 13- Multi-Site Sponsors	27:28
_____ Chapter 14-Procurement	07:26
_____ Chapter 14-Vended Meal	07:21
_____ Chapter 15-At Risk Afterschool Program	11:52
_____ Chapter 16-Homeless & Emergency Shelters	04:22
_____ Chapter 17-Head Start	09:36
_____ Chapter 18-For Profit	09:31
_____ Chapter 19-Outside School Hours Child Care Centers	05:58
_____ Chapter 20-Administrative Reviews	06:32
_____ Chapter 20-Audits	06:26
_____ Chapter 21-Adult Meal Pattern	24:09
_____ Chapter 21-Adult Day Care	06:05
_____ Chapter 24-Pricing Program	11:19

Email completed form to: ode.communitynutrition@ode.oregon.gov

Applicant/Sponsor Name: _____

CNPweb Agreement Number: _____

Trainee Name: _____

Trainee Position: _____

Trainee Signature: _____ Date: _____