

**ILLINOIS STATE BOARD OF EDUCATION**  
 Nutrition and Wellness Programs Division  
 100 North First Street, W-247,  
 Springfield, IL 62777-0001

**Child and Adult Care Food Program (CACFP)  
 Training Certification**

**CACFP TRAINING CERTIFICATION**

**Instructions:** The Authorized Representative and Contact Person for new institutions wanting to apply for the Child and Adult Care Food Program (CACFP) are required to view each of the following training segments prior to having their application for participation in the Child and Adult Care Food Program approved. Training on CACFP Requirements must also be conducted prior to participation for all key staff with CACFP responsibilities, and annually thereafter. Key staff includes the owner(s) of a for-profit child care center, director, cook, and persons with CACFP recordkeeping responsibilities. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the meal pattern requirements, completing meal counts, claims submission, and other recordkeeping requirements. Use the CACFP Documentation of Training form (67-25) to record annual trainings. Complete and submit this document, CACFP Training Certification (65-08), as part of your New Institution Application.

Insert month/date for each training topic. Year \_\_\_\_\_

INSTITUTION NAME		Overview of the Child and Adult Care Food Program and Application Process	Financial Components of the Application	Meal Pattern Requirements	At-Risk After-School Meal Programs and Emergency Shelters OR – Child Care Centers, and Head Start and Outside School Hours Programs	Enrollment, Determining Eligibility, and Household Eligibility Applications	Cycle of Reporting—Documenting Expenses	Civil Rights Training – Compliance and Enforcement
ADDRESS (Street, City, State, Zip Code)								
E-MAIL	TELEPHONE (Include Area Code)							
Employee Name	Position/Title & CACFP Tasks (e.g., administrative, food preparation, food service)							
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Certification Statement:** By signing below, I certify that agency personnel responsible for CACFP recordkeeping tasks, and I, the Authorized Representative, have viewed the required CACFP trainings and completed documents/records based on the information provided in the trainings.

\_\_\_\_\_  
 Name of Authorized Representative (Print)

\_\_\_\_\_  
 Title (Print)

\_\_\_\_\_  
 Original Signature of Authorized Representative