



Cool Kids Child Care
Education and Nutrition
 12719 Indian Wells Dr.
 Houston, Texas 77066
 281-537-6297
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 www.coolkidsoftexas.org

This form documents that _____ has conducted the Annual Staff Training for all center staff employed with _____ day care center. The training took place at:

Location: _____ City _____, State _____ zip _____

Date: _____ Time ____ to _____

Signature: _____

CACFP Training Topics:

- Program Meal Pattern**
Serving sizes for all age groups
- Meal Component Service**
Creditable food
- Milk Policy**
Accommodating special needs diets
Menu Planning
- Meal Count and Attendance POS**
Civil Rights/Access to all children

Recordkeeping Requirements

- Doctor Statements on file
- Meal Benefit Income Eligibility Form
- Infant Participation Form**
- Annual enrollment information
- Record retention
- Financial Records/Receipts

Claim Submission

- Due date

Meal production records/Actual Quantity POS

Program guidelines on distributing the information regarding the Special Supplemental Program for Women, Infants and Children (WIC) annually to households with children enrolled in the day care.

Staff Signature/Position:

1.	5.
2.	6.
3.	7.
4.	8.

This Form must be completed and returned to Cool Kids CCEN