

Department of Health and Human Services
Division of Child and Family Well-Being, Community Nutrition Services Section
Child and Adult Care Food Program



Training Record

Institution Name: _____ Agreement #: _____

Training Title/Topic: _____

Training Date(s): _____

Location: _____

Training Attendees

Print Name	Signature	Position

By signing this form, I certify that all Attendees were present for the training in full.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title