

Provider Name: _____ Provider #: _____

Address: _____

2026 ANNUAL TRAINING

<input type="checkbox"/>	License / USDA Application
<input type="checkbox"/>	Capacity
<input type="checkbox"/>	Income of Categorical (Area) Eligibility
<input type="checkbox"/>	KidKare
<input type="checkbox"/>	Child Enrollment Forms
<input type="checkbox"/>	Building for the Future and WIC Flyers
<input type="checkbox"/>	Attendance / Claim Submission / Reimbursement Process
<input type="checkbox"/>	Household Contacts
<input type="checkbox"/>	Menus
<input type="checkbox"/>	Meal Requirements (Regular Menu)
<input type="checkbox"/>	Infant Meals / Formula Offered (Pattern Requirements on website under Forms and Documents)
<input type="checkbox"/>	Civil Rights
<input type="checkbox"/>	Home Visits – Monitoring Requirements
<input type="checkbox"/>	Mandated Annual Training / Last Training
<input type="checkbox"/>	Record Maintenance
<input type="checkbox"/>	Serious Deficiency

Additional resources are on our website at www.cni-usda.org (training links under resources tab)

I certify that I understand and will ensure compliance with the Child and Adult Care Food Program Training:

Provider's Signature _____ Date _____

Field Specialist Signature _____ Time _____ Date _____

This institution is an equal opportunity provider.