

**South Carolina Department of Social Services  
Child and Adult Care Food Program  
SPONSOR TRAINING PLAN**

Agreement No.: \_\_\_\_\_ Institution: \_\_\_\_\_

**When completing the Training Plan, please follow these instructions:**

1. **Training Dates** should be between **August of the current year and September of the following year.**
2. For **Name of Trainer**, include in the appropriate box the name of the person(s) who will present the information to attendees.
3. For **Subject to be Covered**, indicate in the appropriate box the subjects to be discussed at each training. Subject(s) should be information that pertains to CACFP. In other words, CACFP trainings conducted at your facility should involve CACFP program materials, CACFP Policy or CACFP program requirements.  
**Examples of Subjects:** Civil Rights, Production Records, Attendance Records, Meal Count Records, Delivery Tickets, Master Roster, Free and Reduced-Price Meal Application, Nutrition, Menus, Milk Inventory, Milk Receipts, Food Preparation, Food Purchase, Monitoring, Preparation of Claims, Maintenance of Financial Records, etc. Civil Rights is a mandatory training that must be trained on annually.
4. For **Staff assigned to attend**, indicate in the appropriate box the staff that will be required to attend the training.

**NOTE:** Do not include trainings sponsored by the CACFP office. However, we recommend you utilize CACFP training materials and program aides in conducting training for administrative staff working with or supervising the CACFP.

Dates of Training	Name of Trainer	Subject to be Covered	Staff Assigned to Attend
		Civil Rights	

Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_