

Last Name _____ First Name _____ (Print Name)



SOUTHWEST HUMAN DEVELOPMENT SERVICES

SPONSOR OF THE CHILD AND ADULT CARE FOOD PROGRAM
is pleased to award

(Provider's Name)

(Provider ID)

for the completion of the Workshop or Self-instructional Training and Civil Rights.

Enter your hour(s) Training _____ & Civil Rights _____

FOR THE SPECIAL NUTRITION PROGRAMS

(Licensing hours are not received for completion of Civil Rights training)

**Topics Include: Program Meal Patterns, Meal Counts, Claim Submission, Review Procedures,
Recordkeeping Requirements, Reimbursement System**

This family day care provider supports the commitment to quality childcare as demonstrated by the attendance of this workshop or completion of self-instructional and civil rights training.

Workshop Name _____ Location _____

Program Coordinator _____ Given this Date _____

Signature

Blake Stanford President

<u>Answer Sheet (Circle an Answer)</u>																			
<u>Self-Instructional Training Test</u>																			
1	A) True	B)False	4	A) True	B)False	7	A) True	B)False	10	A) True	B)False								
2	A) True	B)False	5	A) True	B)False	8	A) True	B)False	11	A) True	B)False								
3	A) True	B)False	6	A) True	B)False	9	A) True	B)False	12	A) True	B)False								
<u>Civil Rights and (CACFP) Self-Study Questions</u>																			
1	A)	B)	C)	D)	3	A)	B)	C)	D)	5	A)	B)	C)	D)	7	A)	B)	C)	D)
2	A)	B)	C)	D)	4	A)	B)	C)	D)	6	A)	B)	C)	D)					