

**Nebraska Department of Education
Child and Adult Care Food Program
Training Session**

AGENDA
Workshop Schedule: 8:15 a.m. - 4:00 p.m.
Late arrivals will not be admitted.
8:15 a.m. – 12:00 noon
INTRODUCTION TO THE CACFP - RECORD KEEPING REQUIREMENTS
Program Requirements & Record Keeping Income Eligibility Forms & Determination Daily Record of Meals and Supplements Served Claiming Process Program Integrity
12:00 Noon - 12:30 p.m.
Technical assistance – one-on-one Individual questions CACFP application assistance
LUNCH - ON YOUR OWN
1:00 p.m. - 3:00 p.m.
MEAL REQUIREMENTS AND PRODUCTION RECORDS
Meal Pattern Requirements Production Records - Calculating Quantities Creditable Foods
3:15 p.m. – 4:00 p.m.
INFANT FEEDING
Required for centers providing infant care

WHEN AND WHERE
Date: Tuesday, May 7, 2013
Niobrara Room Educational Service Unit No 3 6949 South 110 th Omaha, NE
This training is for the CACFP Responsible Individuals and Principals and key staff. This is not intended as a substitute for the requirement for centers/sponsors to train their own staff.
Map is on the reverse side of this form.
Bring a pocket calculator for hands-on activities.
The Department of Education does not provide refreshments, please plan accordingly.
Due to variations in temperatures in meeting rooms, you may want to bring a sweater or jacket.
SPECIAL ASSISTANCE: Please notify our office at (402) 471-2488 or (800) 731-2233 if any participants require a sign language interpreter, alternate formats of print materials, or wheelchair accessibility. Two weeks advance notice is required.
If bad weather is possible call one of the numbers below to confirm that the training will be held.

REGISTRATION Date: Tuesday, May 7, 2013

IMPORTANT: Pre-registration is required. Registration should be mailed at least one week prior to the training date. Space is limited to 25 participants per session. Please call if you are unable to attend, as there is usually a waiting list.

A maximum of two persons per agreement number may attend

Please Type or Print Legibly

Name	Job Title or CACFP duties	CHECK THE SESSIONS YOU PLAN TO ATTEND		
		AM	PM	INFANT

Center Name: _____

Mailing Address and City: _____

Phone Number: _____

Agreement Number _____

SEND TO: Nutrition Services
Nebraska Department of Education
301 Centennial Mall South, P.O. Box 94987
Lincoln, Nebraska 68509-4987
(402) 471-4407

OR FAX TO: (800) 731-2233 or (402) 471-2488

OR TELEPHONE:

OR REGISTER ONLINE: <http://cnp.education.ne.gov>

**Educational Service Unit No. 3 Conference Center
6949 South 110th St
Omaha, NE 68128**

