



4-C Community Coordinated Child Care  
CACFP Provider Training

**Date Completed:** \_\_\_\_\_ **Training Hours:** \_\_\_\_\_

**Training Topics Covered:** \_\_\_\_\_  
\_\_\_\_\_

**Provider Number:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Location of Training:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_