



## 4-C Community Coordinated Child Care

### CACFP Third Trimester Required Annual Provider Training

**Date Completed:** \_\_\_\_\_ **Training Hours:** 1 hour

**Training Topics Covered:** Meal Patterns, Infant Meal Patterns, Food

**Groups and Allergies**  
\_\_\_\_\_

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

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

**Location of Training:** Self-Study/ In-person (Circle One)

**Code word:** \_\_\_\_\_

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

