



DEPARTMENT OF FOOD & NUTRITION 2024 SUMMER TRAINING SIGN-IN

CAFETERIA PERSONNEL

First & Last Name:

E-mail Address:

MDCPS Employee ID #:

Cell Phone #:

Summer School Location Name:

Summer School Work Location #:

Remember to turn in your Civil Rights training roster!

CERTIFICATION OF TRAINING STATEMENT

The Cafeteria Manager and Alternate must be present for both breakfast and lunch meal services. The **Sign-in sheet** and **Civil Rights training sheet** must be submitted at the end of the training, otherwise, **training will not be valid**. By signing below, you certify that you have completed the training for this year's 2024 summer food service program. You fully understand the guidelines & procedures required and agree to comply to the best of your ability.

Signature of Training Acknowledgement:

Today's Date:

For Department of Food & Nutrition Only:

Name of Today's Trainer:

Site Supervisor:

Alternate:

Master List:

FANS:

Initial and date in the empty spaces when information input has been complete