

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

**ANNUAL CIVIL RIGHTS TRAINING DOCUMENTATION**

**Sponsor # X0018 Sponsor Name: Russell Child Development Center**

By checking this box I am signifying that all information in this document has been presented to applicable staff to meet the annual Civil Rights training requirement of the CACFP for the **Program Year:** \_\_\_\_\_

**The following persons received this information for training purposes:**

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

\_\_\_\_\_  
**Assistant/Helper Signature** **Date**

**Charlotte Neuschafer**  
\_\_\_\_\_  
**CACFP Authorized Representative Name (AR)**

*Charlotte Neuschafer*  
\_\_\_\_\_  
**CACFP AR Signature** **Date**

**Please Return to**

**2735 N Jennie Barker Rd.  
Garden City, KS 67846**