



Child and Adult Care Food Program

Certification of Policies

Provider Name: _____

Provider ID#: _____

Please sign below for each Policy to indicate that you have read and understand them

I certify that I have received a copy of the **Transfer Policy**. I have read it and I understand it completely.

Provider's Signature

Date

I certify that I have received a copy of the **Corrective Action Policy**. I have read it and I understand it completely.

Provider's Signature

Date

I certify that I have received a copy of the **Termination Policy**. I have read it and I understand it completely.

Provider's Signature

Date

I certify that I have received a copy of the **Appeal Policy**. I have read it and I understand it completely.

Provider's Signature

Date

I certify that I have received a copy of the **Record Retention Policy**. I have read it and I understand I completely.

Provider's Signature

Date