



## Child and Adult Care Food Program

107 S. Division St., Spokane, WA 99202 | 509-458-2403 | CACFP@fbhwa.org

### 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 <b>Transfer Policy</b> . I have read it and I understand it completely.	
_____	_____
Provider's Signature	Date

I certify that I have received a copy of the <b>Corrective Action Policy</b> . I have read it and I understand it completely.	
_____	_____
Provider's Signature	Date

I certify that I have received a copy of the <b>Termination Policy</b> . I have read it and I understand it completely.	
_____	_____
Provider's Signature	Date

I certify that I have received a copy of the <b>Appeal Policy</b> . I have read it and I understand it completely.	
_____	_____
Provider's Signature	Date

I certify that I have received a copy of the <b>Record Retention Policy</b> . I have read it and I understand it completely.	
_____	_____
Provider's Signature	Date