

Summer Food Service Program (SFSP) Training Certification

Sponsor Name _____

Date of Training: _____

Name(s) of Sponsor Personnel Who Conducted Training Session(s):

1. _____ 2. _____ 3. _____

Training Topics:

1. **General program requirements:**

___ Meal pattern requirements ([NSLP](#) & [SFSP](#) meal pattern charts show what components are required for each meal type)

___ Civil Rights training: <https://www.education.ne.gov/ns/training/national-school-lunch-program/>

2. **Program operations:**

___ Point-of-service meal counts (must be maintained for all meal service days; must be completed fully & correctly)

___ Daily production records (must be maintained for all meal service days; must be completed fully & correctly)

3. **Special duties of Monitors:**

___ Must conduct one review of each feeding site within in the 1st 4 weeks of operation (link to site review form)

Attendee Names:

Representing SFSP Site:

This is to certify that: (a) all sponsor and site personnel have been trained on the SFSP responsibilities and have access to the SFSP Monitor's Guide, Nutrition Guide and Site Supervisor's Guide; (b) the site will be allowed to operate only if the site personnel has been trained; and (c) attendance records for each training with signatures of those attending are maintained on file.

Signature of Authorized Representative

Date



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