

Nebraska Department of Education
Nutrition Services
Summer Food Service Program (SFSP)
Training Certification

Sponsor Name _____

Telephone _____

Date(s) of Training Session(s):

1. _____

2. _____

3. _____

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

1. _____

2. _____

3. _____

Training Topics:

- List training topics per session(s) or
- Identify training topics per session using checklist(s) on the reverse of this page or
- Attach training agenda(s).

The Following Person(s) Attended:

Representing SFSP Site:

This is to certify that: (a) all sponsor and site personnel have been trained in regard to SFSP duties/ responsibilities as outlined in the current SFSP Administrative Guidance for Sponsors handbook and have access to appropriate SFSP materials including the Monitor's Guide, Nutrition Guide for Sponsors handbook and Site Supervisor's Guide, as necessary; (b) site will be allowed to operate at any time unless the personnel at that site have not been trained, and (c) attendance records for each training with signatures of those attending are maintained on file at the sponsor's office.

Signature of Authorized Representative

Date

* At least one (1) training session must be conducted prior to the opening of the food service operations. Keep in your file.

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