**SFSP Sponsor Conducted Training-Certification**

(Attach additional sheets if necessary)

Staff training must be completed prior first day of summer meal service, if hire additional staff later, please send in this certification as documentation for their training at that time.

**Return after site personnel have been trained.** This must be completed and on file with Child and Adult Nutrition Services before any reimbursements can be paid.

Suggest please scan and send this training certificate within 5 days after training occurs to [brigitta.bly@state.sd.us](mailto:brigitta.bly@state.sd.us)

This is to certify that all sponsor and site personnel have been trained in regard to Summer Food Service Program duties and responsibilities as outlines in the Sponsor’s Handbook, and personnel have access to relevant materials such as the Monitor’s Handbook, Sponsor Nutrition Guidance Handbook, and Site Supervisor’s Guide as necessary.

\*First line signature of attendee, please print below signature for documentation.

Site Name/s Persons Attending\* Training Date

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Training covering the following: (check all that apply)

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| --- | --- |
| Program regulations | Menus and production records |
| Site responsibilities | Compliance with civil rights requirements |
| Time restrictions | Inventory systems |
| Meal pattern requirements | Collection of required records |
| Creditable foods | Health and sanitation procedures |
| Meal counts | Emergency training (site specific) |
| Special diet form and requirements |  |

**A list of signatures of those who attended is to be maintained on file at the office of the sponsor.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Sponsor Name) (Date)**

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(Authorized Representative)

**SFSP Sponsor Conducted Training-Certification Page 2**

\*First line signature of attendee, please print below signature for documentation.

Site Name/s Persons Attending\* Training Date

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**(Sponsor Name) (Date)**

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(Authorized Representative)