

Seamless Summer Option (SSO) of the National School Lunch Program (NSLP)
SAMPLE SPONSOR PRE-OPERATIONAL REVIEW FORM

A sponsor representative must visit all sites prior to the program opening date. Only one pre-operational site visit may be documented per form.

Sponsor Name: _____

Date of Review: _____

Site Name: _____

Monitor's Arrival Time: _____

Address: _____

Monitor's Departure Time: _____

Phone: _____

Site Supervisor: _____

- | | | |
|--|------------------------------|-----------------------------|
| Does the site have sufficient supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there proper sanitation and storage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the on-site staff been trained on point of service meal counting requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the on-site staff aware of the record keeping requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there documentation of children eligible for free or reduced-price meals <i>if applicable</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there provisions for storing or returning excess meals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does site have a place to serve children's meals in case of inclement weather? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a nondiscrimination poster on display in a prominent place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Problem(s) Observed:

Corrective Action Taken:

I certify that the above information is correct.

Monitor's Signature

Date

Site Supervisor's Signature

Date

*This form is available at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/sfsp/preopssso.doc.
For more information on the SFSP, visit the Connecticut State Department of Education SSO Web site.*