

Seamless Summer Option (SSO) of the National School Lunch Program (NSLP)

SAMPLE SSO 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

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For more information on the SSO, see the Connecticut State Department of Education's (CSDE) [SSO](#) webpage, or contact the [school nutrition programs staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103.

This handout is available at

<http://portal.ct.gov/-/media/SDE/Nutrition/SFSP/PreopReviewSSO.pdf>.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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