

Weekly Meal Count Consolidation Form for the Summer Food Service Program (SFSP)

Complete this form for each SFSP site at the end of each week and submit to the SFSP sponsor.

Site: _____ Signature of _____
 Address: _____ site supervisor: _____
 Week of: _____ Phone: _____

Meal: _____

Number of meals leftover from prior day:
 Number of meals delivered/prepared:
 Number of first meals served to children:
 Number of second meals served to children:
 Number of meals served to program adults:
 Number of meals served to non-program adults:
 Incomplete/damaged/spoiled meals:
 Meals leftover:
 Additional children requesting a meal after all available meals served:
 Money collected for adult meals:

Monday	Tuesday	Wednesday	Thursday	Friday	Total

Meal: _____

Number of meals leftover from prior day:
 Number of meals delivered/prepared:
 Number of first meals served to children:
 Number of second meals served to children:
 Number of meals served to program adults:
 Number of meals served to non-program adults:
 Damaged/spoiled meals:
 Meals leftover:
 Additional children requesting a meal after all available meals served:
 Money collected for adult meals:

Monday	Tuesday	Wednesday	Thursday	Friday	Total

Site supervisor's comments: _____

Weekly Meal Count Consolidation Form for the SFSP



For information on the SFSP, visit the CSDE's [SFSP](#) webpage or contact the [Summer Meals staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Meal_Count_Consolidation_Form_Weekly_SFSP.pdf.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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