

Summer Food Service Program (SFSP) Meal Count Worksheet for Camps

Residential camps may submit claims for SFSP meal reimbursement only for children individually identified as eligible for free or reduced-price school meals. Sponsors must track meal distribution to each individual camper at each meal service; and must maintain documentation of meals to support claims for reimbursement submitted to the Connecticut State Department of Education (CSDE). All campers must have equal access to the same meals. The U.S. Department of Agriculture (USDA) prohibits overt identification of children who are eligible for free or reduced-price school meals.

Instructions: List each camper. In the “Date” row, enter the date of meal service (day/month/year). Check (✓) the meals served to each camper each day, i.e., breakfast (B), lunch (L), and supper (S). Copy additional pages as needed. Maintain this documentation on file.

| Meals served | | | | | | | | | | | | | | | | | | | | | |
|---------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Camper's name | Date: | | | | | | | | | | | | | | | | | | | | |
| | B | L | S | B | L | S | B | L | S | B | L | S | B | L | S | B | L | S | B | L | S |
| 1. | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | | |

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| Meals served | | | | | | | | | | | | | | | | | | | | | |
|---------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Camper's name | Date: | | | | | | | | | | | | | | | | | | | | |
| | | B | L | S | B | L | S | B | L | S | B | L | S | B | L | S | B | L | S | | |
| 13. | | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | | |

Total eligible meals: _____

Total ineligible meals: _____

Total program adult meals: _____

Total non-program adult meals: _____

Signature of site supervisor/designee: _____

Date: _____

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For information on the SFSP, visit the CSDE's [SFSP](#) website or contact the [Summer Meals staff](#) i 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_Worksheet_Camps_SFSP.pdf.

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1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
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2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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