

# Summary Form for Summer Food Service Program (SFSP) Civil Rights Beneficiary Data Collection

## Summer 2026

The U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) is responsible for ensuring compliance with Title VI of the Civil Rights Act of 1964 among its federally assisted programs, including the SFSP. The USDA's [FNS Instruction 113-1: Civil Rights Compliance and Enforcement – Nutrition Programs and Activities](#) requires recipients of federal financial assistance to ask all program applicants and participants to identify all racial and ethnic categories that apply. The USDA uses this race and ethnicity data to determine how effectively FNS programs are reaching potential eligible people and beneficiaries, identify areas where additional outreach is needed, assist in the selection of locations for compliance reviews, and complete reports as required.

SFSP sponsors **cannot use visual observation and identification** to collect race or ethnicity data. The preferred method of collecting demographic data is self-identification and self-reporting. The Connecticut State Department of Education (CSDE) has developed a sample form, [Civil Rights Beneficiary Data Collection Form for the Summer Food Service Program \(SFSP\)](#), that SFSP sponsors may use or adapt to ask program participants to self-identify race and ethnicity.

SFSP sponsors may also obtain race or ethnicity data in alternative ways. One example is utilizing data from other sources (such as school databases) in which the respondent has self-identified race or ethnicity.

For more information on the requirements for civil rights beneficiary data collection, refer to the CSDE's document, [Civil Rights Requirements for the Summer Food Service Program \(SFSP\)](#).

## Instructions

Each SFSP sponsor must collect actual beneficiary data by racial or ethnic category from each site **each year**. Residential camps must collect information separately for each session of the camp. Use the form on page 2 to summarize this data.

The SFSP sponsor must retain this data and supporting documentation on file for three years after the submission date of the final claim for reimbursement for the fiscal year to which they pertain; or if an audit is outstanding, until the audit is closed. Access to this data must be limited to authorized personnel.

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Sponsor name: \_\_\_\_\_

Agreement number: \_\_\_\_\_

1. Indicate below how the SFSP sponsor obtained the data.

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## Section 1: Ethnicity

The sum of “Hispanic or Latino” and “Not Hispanic or Latino” categories must equal the total number of all enrolled participants.

Ethnicity	Number of enrolled participants
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**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. “Spanish origin” can be used in addition to “Hispanic or Latino.”

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**Not Hispanic or Latino**

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## Section 2: Race

The sum of all racial categories will be equal to or greater than the total number of all enrolled participants.

Race	Number of enrolled participants
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**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_\_

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_

**Black or African American:** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_

Name of facility representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For more information, visit the [“Civil Rights for SFSP”](#) section of the CSDE’s Civil Rights for Child Nutrition Programs 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/civilrights/civil\\_rights\\_sfsp\\_beneficiary\\_data\\_collection\\_summary\\_form.pdf](https://portal.ct.gov/-/media/sde/nutrition/civilrights/civil_rights_sfsp_beneficiary_data_collection_summary_form.pdf).



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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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](mailto:program.intake@usda.gov)

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