

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

Summer 2024

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

Site: _____

Address: _____

Week of: _____

Signature of site supervisor: _____

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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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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