

# Weekly Meal Count Consolidation Form for the Summer Food Service Program

## Summer 2025

Complete this form for each Summer Food Service Program (SFSP) site at the end of each week and submit it to the SFSP sponsor.

Site name:  Week of:

Address:

Site supervisor's name:  Signature:

Meal: <input type="text"/>	Monday	Tuesday	Wednesday	Thursday	Friday	Total
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 are served:						
Money collected for adult meals:						

Meal: <input type="text"/>	Monday	Tuesday	Wednesday	Thursday	Friday	Total
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 are served:						
Money collected for adult meals:						

Site Supervisor's Comments:

## Weekly Meal Count Consolidation Form for the SFSP

Maintain this form on file for the administrative review of the SFSP, according to the U.S. Department of Agriculture's (USDA) records retention requirements for the SFSP (refer to the CSDE's [Records Retention Requirements for the Summer Food Service Food Program](#)).

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](https://portal.ct.gov/-/media/sde/nutrition/sfsp/meal_count_consolidation_form_weekly_sfsp.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, audiotope, 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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