

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

## Summer 2026

Use this form to consolidate daily meal count information. Complete this form for each Summer Food Service Program (SFSP) site at the end of each week and submit it to the SFSP sponsor. Refer to page 2 for instructions. 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. For more information, refer to the Connecticut State Department of Education resource, [Records Retention Requirements for the Summer Food Service Food Program](#).

Site name: \_\_\_\_\_ Week of: \_\_\_\_\_

Address: \_\_\_\_\_

Meal type:     Breakfast     Lunch     Supper     Snack

Number of Meals	Monday	Tuesday	Wednesday	Thursday	Friday	Total
1. Meals leftover from prior day						
2. Meals delivered/prepared						
3. First meals served to children						
4. Second meals served to children						
5. Meals served to program adults						
6. Meals served to non-program adults						
7. Incomplete/damaged/spoiled meals						
8. Number of meals leftover						
9. Additional children requesting a meal after all available meals are served						

Money Collected for Adult Meals	Monday	Tuesday	Wednesday	Thursday	Friday	Total
10. Adult meals (\$)						

Site Supervisor's Comments:

Site supervisor's name: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Instructions

1. Use a separate consolidated meal count form for each meal type.
2. **Site name:** Enter the name of the approved SFSP site.
3. **Week of:** Enter the week of the meal service.
4. **Meal type:** Check the type of meal served (breakfast, lunch, supper, or snack).
5. **Number of Meals (Items 1-9):** Transfer the information for the number of meals for items 1-9 directly from each daily meal count form for the week.
6. **Money Collected for Adult Meals (Item 10):** Enter the money collected each day for adult meals. **Note:** This information is not collected on the daily meal count form.
7. **Site Supervisor's Comments:** Indicate any comments about the meal service.
8. **Site supervisor's name and Signature:** Enter the site supervisor's name. After the form is complete, the site supervisor must sign and date the form.

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

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