

Instructions for

SPECIAL MILK PROGRAM DAILY MILK COUNT FORM

Sponsors of the Special Milk Program (SMP) must complete the Connecticut State Department of Education's (CSDE) Daily Milk Count Form for each day of operation. This form is available on the CSDE's [Forms](#) Web page in PDF and Excel. For audit purposes, completed monthly forms must be kept on file for a minimum of three years.

INSTRUCTIONS: Follow the steps below for completing the Daily Milk Count Form. A sample completed form is attached at the end of this document.

- **Name of Town or School:** Indicate the name of the town or school where the SMP is operated.
- **Agreement Number:** Indicate your sponsor agreement number. This is the six-digit number located on the top right of the Agreement for Child Programs (ED-099).
- **Month and Year:** Indicate the month and year.
- **Beginning Inventory:** Indicate the amount of milk (number of $\frac{1}{2}$ pints) in inventory at the **start** of the first day of the month, i.e., before the day's milk delivery is recorded and before any milk is served. Add this figure to the amount of $\frac{1}{2}$ pints of milk delivered (column 6) on day 1. If day 1 had no delivery, subtract the total $\frac{1}{2}$ pints consumed on day 1 (column 5) from the beginning inventory and record this number in column 7 (Milk Leftover at End of Day).
- **Column 1:** Record the number of $\frac{1}{2}$ pints of milk served each day to children who are in attendance, are eligible for free milk, and have applications on file with the school.
- **Column 2:** Record the number of $\frac{1}{2}$ pints of milk served each day to children who pay for their milk, whose tuition fee includes the cost of milk, or who qualify for free milk and the cost is covered by the school.
- **Column 3:** Add the figures from columns 1 and 2 together.
- **Column 4:** Record the number of $\frac{1}{2}$ pints of milk served to adults (19 years old and older). If milk is not served to adults, indicate "0." Also include in this total any $\frac{1}{2}$ pints of milk used in cooking or discarded due to spoilage.
- **Column 5:** Add figures from columns 3 and 4 together.
- **Column 6:** Record the number of $\frac{1}{2}$ pints of milk delivered on each day. If there is no milk delivery that day, indicate "0."
- **Column 7:** Record the actual number of $\frac{1}{2}$ pints of milk left in the cooler at the end of each day. This number must reflect the addition from column 6 (Total Daily Milk Delivery) and subtraction from column 5 (Total $\frac{1}{2}$ Pints Consumed Daily).
- **Totals:** Total each column for the month. Transfer the figures from columns 1 and 2 to the Online Claim Form. On the Online Claim Form, record the *column 1 total* in M5a and the *column 2 total* in M5b.

TOTAL MONTHLY MILK CONSUMED

- A. **Beginning Inventory:** Enter the same number from the beginning inventory at the top of the form.
- B. **Month's Milk Purchases:** Enter column 6 total.
- C. **Total Milk Available:** Add *Beginning Inventory* (A) and *column 6 total* (B).

INSTRUCTIONS FOR SMP DAILY MILK COUNT FORM, continued

D. **Ending Milk Balance:** Enter the number from column 7 on the **LAST DAY** of the month.
Do not enter the total for column 7.

E. **Total Milk Consumed:** Subtract *Ending Milk Balance* (D) from *Total Milk Available* (C). This number must equal the total in column 5, and is the beginning inventory for the next month.

For additional technical assistance, contact the CSDE's [school nutrition programs](#) staff.



For more information, see the CSDE's [Menu Planning Guide for School Meals](#) and [Meal Patterns](#) and [Crediting Foods](#) Web pages or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This document is available at
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/smp/smpcountinstr.pdf.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut State Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut State Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Act Coordinator, Connecticut State Department of Education, 25 Industrial Park Road, Middletown, CT 06457, 860-807-2071, Levy.Gillespie@ct.gov.

Connecticut State Department of Education
Sample Completed Special Milk Program (SMP) Daily Milk Count Form

Complete the yellow boxes. All other boxes will calculate automatically.
 For more information, see the Connecticut State Department of Education's
[Instructions for the SMP Daily Milk Count Form.](#)

Name of Town or School: Anytown School Agreement Number: XXXXXX
 Month and Year: Beginning Inventory: 500

Day	NUMBER OF MILKS SERVED TO CHILDREN						
	Column 1 Free	Column 2 Served/Paid	Column 3 Total Milk Served (Column 1 plus column 2)	Column 4 Total Milk Served Adults	Column 5 Total 1/2 Pints Consumed Daily (Column 3 plus column 4)	Column 6 Total Daily Milk Delivery	Column 7 Milk Leftover at End of Day
1	25	50	75	10	85	0	415
2	25	50	75	0	75	100	440
3	25	50	75	5	80	0	360
4	25	40	65	0	65	0	295
5	10	40	50	5	55	0	240
6	0	0	0	0	0	0	240
7	0	0	0	0	0	0	240
8	25	40	65	0	65	0	175
9	20	50	70	10	80	300	395
10	25	50	75	0	75	0	320
11	20	45	65	5	70	0	250
12	25	50	75	0	75	0	175
13	0	0	0	0	0	0	175
14	0	0	0	0	0	0	175
15	25	50	75	0	75	200	300
16	25	50	75	15	90	0	210
17	15	35	50	0	50	400	560
18	25	50	75	5	80	0	480
19	20	40	60	0	60	0	420
20	0	0	0	0	0	0	420
21	0	0	0	0	0	0	420
22	20	45	65	0	65	0	355
23	25	50	75	0	75	300	580
24	25	50	75	10	85	0	495
25	20	40	60	5	65	0	430
26	25	50	75	5	80	0	350
27	0	0	0	0	0	0	350
28	0	0	0	0	0	0	350
29	25	50	75	20	95	0	255
30	25	40	65	0	65	0	190
31	25	50	75	5	80	0	110
Totals	525	1065	1590	100	1690	1300	

On the Online Claim Form, record the column 1 total in M5a and the column 2 total in M5b.

TOTAL MONTHLY MILK CONSUMED	
A Beginning Inventory	500
B Month's Milk Purchases	1300
C Total Milk Available	1800
D Ending Milk Balance	110
E Total Milk Consumed	1690

Number entered at top of form

Column 6 Total

Add Beginning Inventory (A) and Column 6 Total (B)

Number from Column 7 on LAST DAY of the month (NOT Column 7 Total)

Subtract Ending Milk Balance (D) from Total Milk Available (C)

This number must equal the total in Column 5, and is the beginning inventory for the next month.