

Special Milk Program (SMP) Daily Milk Count Form

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

Name of town or school:

Agreement number:

Month and year:

Beginning inventory:

0

Number of half pints (8 fluid ounces) of milk
served to children

| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 | Column 8 |
|---------------|-----------|------------|---|-----------------------------|---|---------------------------|-----------------------------|
| Date | Free | Paid | Total milk served (column 2 plus column 3) | Total milk served to adults | Total daily milk served (column 4 plus column 5) | Total daily milk delivery | Milk leftover at end of day |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 5 | 44 | 49 | 0 | 49 | 100 | 51 |
| 4 | 4 | 38 | 42 | 0 | 42 | 0 | 9 |
| 5 | 5 | 40 | 45 | 2 | 47 | 50 | 12 |
| 6 | 3 | 38 | 41 | 0 | 41 | 0 | -29 |
| 7 | 5 | 40 | 45 | 0 | 45 | 75 | 1 |
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 9 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 10 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 11 | 5 | 42 | 47 | 0 | 47 | 50 | 4 |
| 12 | 4 | 40 | 44 | 0 | 44 | 0 | -40 |
| 13 | 4 | 43 | 47 | 2 | 49 | 100 | 11 |
| 14 | 5 | 40 | 45 | 0 | 45 | 0 | -34 |
| 15 | 0 | 0 | 0 | 0 | 0 | 50 | 16 |
| 16 | 0 | 0 | 0 | 0 | 0 | 0 | 16 |
| 17 | 3 | 40 | 43 | 0 | 43 | 75 | 48 |
| 18 | 4 | 45 | 49 | 0 | 49 | 0 | -1 |
| 19 | 5 | 44 | 49 | 0 | 49 | 0 | -50 |
| 20 | 4 | 42 | 46 | 2 | 48 | 100 | 2 |
| 21 | 4 | 43 | 47 | 0 | 47 | 0 | -45 |
| 22 | 0 | 0 | 0 | 0 | 0 | 0 | -45 |
| 23 | 0 | 0 | 0 | 0 | 0 | 0 | -45 |
| 24 | 5 | 40 | 45 | 1 | 46 | 100 | 9 |
| 25 | 5 | 44 | 49 | 1 | 50 | 0 | -41 |
| 26 | 4 | 43 | 47 | 2 | 49 | 100 | 10 |
| 27 | 3 | 40 | 43 | 0 | 43 | 0 | -33 |
| 28 | 4 | 42 | 46 | 5 | 51 | 100 | 16 |
| 29 | 0 | 0 | 0 | 0 | 0 | 0 | 16 |
| 30 | 0 | 0 | 0 | 0 | 0 | 0 | 16 |
| 31 | 5 | 44 | 49 | 0 | 49 | 0 | -33 |
| Totals | 86 | 832 | 918 | 15 | 933 | 900 | |

On the Online Claim Form, record the column 2 total in M5a and the column 3 total in M5b.

Total Monthly Milk Served

| | | | |
|----------|----------------------|-----|---|
| A | Beginning inventory | 0 | Number entered at top of form |
| B | Milk purchases | 900 | Column 7 Total |
| C | Total milk available | 900 | Add Beginning Inventory (A) and Column 7 Total (B) |
| D | Ending milk balance | -33 | Number from Column 8 on LAST DAY of the month (not Column 8 Total) |

E Total milk served**933****Subtract Ending Milk Balance (D) from Total Milk Available (C)***This number must equal the total in Column 6.*

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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>, 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: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/SMP/Daily_Milk_Count_Form_SMP.xlsx. For guidance on the SMP, visit the CSDE's [Special Milk Programs](#) webpage.



