

Special Milk Program (SMP) Daily Milk Count Form

For information on completing this form, refer to the Connecticut State Department of Education's (CSDE) [Instructions for the SMP Daily Milk Count Form](#). An Excel version of this form is available on the CSDE's [SMP](#) webpage.

Name of town or school: _____

Agreement number: _____

Month and year: _____

Beginning inventory: _____

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 adults	Total daily milk served (column 4 plus column 5)	Total daily milk delivery	Milk leftover at end of day
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals							

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

Total Monthly Milk Served		
A	Beginning inventory	
B	Milk purchases	
C	Total milk available	
D	Ending milk balance	
E	Total milk served	

Number entered at top of form

Column 7 Total

Add Beginning Inventory (A) and Column 7 Total (B)

Number from Column 8 on **LAST DAY** of the month (NOT Column 8 Total)

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

This number must equal the total in Column 6



For more information, visit the CSDE's [Counting and Claiming](#) webpage or contact the [SMP staff](#) at the Connecticut State Department of Education Bureau of

SMP Daily Milk Count Form

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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, audiotape, 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

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 Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion, intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email louis.todisco@ct.gov.