Special Milk Program (SMP) Daily Milk Count Form

Indicate the **number of half pints (8 fluid ounces) of milk** served in the SMP. For instructions, refer to the Connecticut State Department of Education's (CSDE) Instructions for the Special Milk Program (SMP) Daily Milk Count Form.

Name of town or school:_____ Agreement number:_____

Month and year: _____ **Beginning inventory:**_____

Column 1: Date	Column 2: Milk served to children: Free	Column 3: Milk served to children: Paid	Column 4: Milk served to children (column 2 plus column 3)	Column 5: Total milk served adults	Column 6: Total daily milk served (column 4 plus column 5)	Column 7: Total daily milk delivery	Column 8: Milk leftover at end of day
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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16							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

On the Online Claim Form, record the column 2 total (free milk) in M5a and the column 3 total (paid milk) in M5b.

A. Beginning Inventory _____ Number entered at top of form

B. Milk Purchases _____ Column 7 (Total daily milk delivery)

C. Total Milk Available _____ Add Beginning Inventory (A) and Milk Purchases (B)

D. Ending Milk Balance _____ Number from column 8 (Total daily milk delivery) on the **last day** of the month.

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

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For more information on the SMP, visit the CSDE's Special Milk Program webpage or contact the SMP staff at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This form is available at https://portal.ct.gov/-/media/sde/nutritionsmp//daily_milk_count_form_smp.pdf.

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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

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