## Special Milk Program (SMP) Daily Milk Count Form

School Year 2025-26 (July 1, 2025, through June 30, 2026)

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.* 

Nama of to	own or ochool:	,		•	Agroo	mont number:		
Name of town or school:					Agreement number:			
Month and	d 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		1						
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26 27								
28								
29								
30								
31								
Total								
On the O	nline Claim For	m record the col	umn 2 total (free m	nilk) in M5a and	the column 3 total	(paid milk) in M	5b	
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								
_	_	у						
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		e	Number from column 8 (Total daily milk delivery) on the <b>last day</b> of the month.  Subtract Ending Milk Balance (D) from Total Milk Available (C)					
F. Tota	al milk served		Subtract Endir	ng Milk Balance (	<ol> <li>from Total Milk A</li> </ol>	vailable (C)		

This number must equal the total in column 6.

## Special Milk Program (SMP) Daily Milk Count Form

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 document is available at https://portal.ct.gov/-/media/sde/nutrition/smp/daily\_milk\_count\_form\_smp.pdf.

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- 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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