

# Instructions for the Special Milk Program (SMP)

## Daily Milk Count Form

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

Sponsors of the Special Milk Program (SMP) must complete the Connecticut State Department of Education's (CSDE) [Special Milk Program \(SMP\) Daily Milk Count Form](#) for each day of operation. This form is available on the CSDE's [SMP](#) webpage. For an example of a completed form, refer to the CSDE's [Sample Completed Special Milk Program \(SMP\) Daily Milk Count Form](#).

For audit purposes, SMP sponsors must keep completed monthly forms on file for a minimum of three years. For more information on the records retention requirements, refer to the CSDE's [Records Retention Requirements for the School Nutrition Programs](#).



Complete all information in the CSDE's SMP Daily Milk Count Form for each day of operation.

- **Name of town or school:** Enter the name of the town or school where the SMP operates.
- **Agreement number:** Enter the 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:** Enter the month and year.
- **Beginning inventory:** Enter the amount of milk (number of half 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. Determine the total amount of milk leftover after the first day's milk service using the appropriate calculation below.
  1. **Milk delivery:** If the first serving day of the month has a milk delivery, add the "Beginning inventory" to the amount in column 7 ("Total daily milk delivery") and enter this number in column 8 ("Milk leftover at end of day").
  2. **No milk delivery:** If the first serving day of the month does not have a milk delivery, subtract column 6 ("Total daily milk served") from the "Beginning inventory" and enter this number in column 8 ("Milk leftover at end of day").
- **Column 1 – Date:** The numbers in this column correspond to the number of days in each month. Enter the information on the line for the corresponding date. For example, if the SMP serves milk on January 4, enter the information on day 4. Days that are on weekends and holidays will be "0."

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- **Column 2 – Number of half pints (8 fluid ounces) of milk served to children – Free:** Record the number of half 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 3 – Number of half pints (8 fluid ounces) of milk served to children – Paid:** Record the number of half 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 4 – Number of half pints (8 fluid ounces) of milk served to children – Total milk served:** Add the figures from columns 1 and 2 together.
  - **Column 5 – Total milk served adults:** Record the number of half pints of milk served to adults (ages 19 and older). If the SMP does not serve milk to adults, indicate “0.” This number must also include any half pints of milk used in cooking or discarded due to spoilage.
  - **Column 6 – Total daily milk served:** Add columns 4 and 5.
  - **Column 7 – Total daily milk delivery:** Enter the number of half pints of milk delivered each day. If there is no milk delivery that day, indicate “0.”
  - **Column 8 – Milk leftover at end of day:** Record the actual number of half pints of milk left in the cooler at the end of each day. Check the accuracy of this number with the following calculation:
    1. Add column 8 (“Milk leftover at end of day”) from the **day before** and column 7 (“Total daily milk delivery”) from the **day of service**.
    2. Subtract column 6 (“Total daily milk served”) from the **day of service**.
- Note:** The amount of milk leftover on the **last day** of the month (last entry in column 8) is the “Beginning inventory” for the next month (refer to “E” under “[Total Monthly Milk Served](#)” on page 3 of this document).
- **Totals:** Total each column for the month. Transfer the total from column 2 (free milk) to **M5a** of the Online Claim Form in the CSDE’s [Online Application and Claiming System for Child Nutrition Programs](#) (CNP System). Transfer the total from column 3 (paid milk) to **M5b** of the Online Claim Form.

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### Total Monthly Milk Served

- A. **Beginning Inventory:** Enter the same number from the “Beginning inventory” at the top right of the form.
- B. **Milk Purchases:** Enter the total from column 7 (“Total daily milk delivery”).
- C. **Total Milk Available:** Add “Beginning inventory” (A) and “Milk purchases” (B).
- D. **Ending Milk Balance:** Enter the number from column 8 on the **last day** of the month.  
**Do not enter the TOTAL for column 8.**
- E. **Total Milk Served:** Subtract D (“Ending milk balance”) from C (“Total milk available”). This number must equal the total in column 6 (“Total daily milk served”) and is the “Beginning inventory” for the next month.

For technical assistance, contact the CSDE's [SMP](#) staff.

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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 document is available at [https://portal.ct.gov/-/media/sde/nutrition/smp/daily\\_milk\\_count\\_form\\_smp\\_instructions.pdf](https://portal.ct.gov/-/media/sde/nutrition/smp/daily_milk_count_form_smp_instructions.pdf).

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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](mailto:program.intake@usda.gov)

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