

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: ABC School Agreement number: XXXXXX
 Month and year: March 2024 Beginning inventory: 0

Number of milk half pints (8 fluid ounces) 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.

