

Sample Completed 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: ABC School Agreement number: 000000

Month and year: March 2024 Beginning inventory: 100

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	0	0	0	0	0	0	100
2	0	0	0	0	0	0	100
3	5	44	49	0	49	0	51
4	4	38	42	0	42	0	9
5	5	40	45	2	47	50	12
6	3	38	41	0	41	50	21
7	5	40	45	0	45	100	76
8	0	0	0	0	0	0	76
9	0	0	0	0	0	0	76
10	0	0	0	0	0	0	76
11	5	42	47	0	47	50	79
12	4	40	44	0	44	50	85
13	4	43	47	2	49	100	136
14	5	40	45	0	45	0	91
15	0	0	0	0	0	50	141
16	0	0	0	0	0	0	141
17	3	40	43	0	43	75	173
18	4	45	49	0	49	0	124
19	5	44	49	0	49	0	75
20	4	42	46	2	48	100	127
21	4	43	47	0	47	0	80
22	0	0	0	0	0	0	80
23	0	0	0	0	0	0	80
24	5	40	45	1	46	100	134
25	5	44	49	1	50	0	84
26	4	43	47	2	49	100	135
27	3	40	43	0	43	0	92
28	4	42	46	5	51	100	141
29	0	0	0	0	0	0	141
30	0	0	0	0	0	0	141
31	5	44	49	0	49	0	92
Total	86	832	918	15	933	925	

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** 100 Number entered at top of form
- B. Milk Purchases** 925 Column 7 (Total daily milk delivery)
- C. Total Milk Available** 1025 Add Beginning Inventory (A) and Milk Purchases (B)
- D. Ending Milk Balance** 92 Number from column 8 (Total daily milk delivery) on the **last day** of the month.
- E. Total milk served** 933 Subtract Ending Milk Balance (D) from Total Milk Available (C).
This number must equal the total in column 6.

Sample Completed 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 form is available at https://portal.ct.gov/-/media/sde/nutrition/smp/daily_milk_count_form_smp_sample.pdf.

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, audiotope, 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.

