**Daily Milk Count**

**Instructions**

Take a Point-Of-Service (POS) milk count every day for every meal service (B/L/S/SN). Cross off a number as each child receives a ½ pint of milk. Ex: 1 If more than 200 children are served at the site on this day of service, use the second page; otherwise, just print page one to record milk counts. For sites needing additional pages, we suggest printing this form front to back. If any of the additional pages (2-5) are not required, do not print them. Only print and keep on file pages that have been used to document milk counts during each meal service.

1. **Section [1]** **Complete the header** (*This section can be completed prior to the milk service electronically; however, the remaining sections will have to be completed manually due to point of milk service counting requirements.*)
   1. Site Name,
   2. SMP Milk Service (check the service the milk count is for: B = Breakfast, L = Lunch, S = Supper, SN – Snack/Supplement),
   3. Name of person counting milk served to children and adults,
   4. Date of Service, and

2. **Section [2]** - total number of first milks served to children documented on pages 1 through 3 as applicable.

3. **Section [3]** - total number of additional milks served to children (cross out each number as a child receives an additional milk). If additional counts must be documented, use page 4 which will record counts to 500.

4.**Section [4]***-* ***total*** number of reimbursable milks served (the sum of Lines [2] and [3]).

***(Remember to include the totals from both sides of the form, if applicable).***

5. **Section [5]** - total number of milks served to adults. If additional counts must be documented, use page 5 which will record counts to 250.

6. **Section [6]** – person counting milks served must sign and date the Daily Milk Count form.

Keep all records on file for three (3) years plus the current year.

**NC Department of Public Instruction Office of School Nutrition**

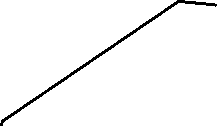
**Special Milk Program**

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| **SMP DAILY MIK COUNT FORM FOR NONPRICING PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **SMP Milk Services:** | | | | | | | | | | | | | | | | |  | | | | **B** | |  | **L** | | |  | | | | **S** | | **SN** | | | | **[1]** | |
| **Name of person counting milk:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Date of Service:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **FIRST MILKS SERVED TO CHILDREN** **(cross off number as each child receives a half pint of milk):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25  26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50  51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75  76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125  126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150  151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175  176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [Write in the total first milks crossed off above (and on pages 2 & 3) - place that number here] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total First Milks +** | | | | | | | | | | | | | | | |  | | | | | | | | **[2]** | |
| ***(Remember: to include the totals from both sides of the form, if applicable).*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
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| **ADDITIONAL MILKS SERVED TO CHILDREN:** | | | | | | | | | 1 2 3 4 5 6 7 8 9 10 11 12  13 14 15 16 17 18 19 20 21 22 23 24  25 26 27 28 29 30 21 32 33 34 35 36  37 38 39 40 41 42 43 45 46 47 48 49  50 51 52 53 54 55 56 57 58 59 60 61  62 63 64 65 66 67 68 69 70 71 72 73  74 75 76 77 78 79 80 81 82 83 84 85  [Write in the total second milks crossed off above (and on page 4) - place that number here] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total Second Milks** | | | | | | | | | | | | | | | | |  | | | | | | | | **[3]** | |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | |  | | |  | | |  | | | | |  | | | | | | | | | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total Reimbursable Milks** =**[2+3]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **[4]** |
|  | | | | | | | | | | |  | | |  | | | | | | | | | | |  | |  | | |  | | |  | | |  | | | | | |  | | | |  | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **MILKS SERVED TO ADULTS:** | | | | | | | | | | | 1 2 3 4 5 6 7 8 9 10  11 12 13 14 15 16 17 18 19 20  [Write in the total adult milks crossed off above (and on page 5)  - place that number here] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total Adult Milks** | | | | | | | | | | | | | |  | | | | | | | | **[5]** |
|  | | | | | | | | | | |  | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |  | | | | | | | |  |  | | |  | | | | | | | | | | | |  | | | | |  | |  |
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| **By signing and dating below, I certify that the above information is true and accurate:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | **Signature** | | | | | | | | | | | | | | | | | | |  | | **Date of Service** | | |  | **[6]** | | |
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**NC Department of Public Instruction Office of School Nutrition**

**Special Milk Program**



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| **CONTINUATION PAGE FOR SMP DAILY MILK COUNT FORM FOR NONPRICING PROGRAM** | | | | | | | | | | | | |
| **Site Name:** | | | | | | | | |  | **Date of Service:** | |  |
| **SMP Milk Services:** |  | | **B** |  | **L** |  | **S** | **SN** | | |  | |
|  | |  | | | | | | | | | | |
| **FIRST MILKS SERVED TO CHILDREN (cross off number as each child receives a half pint of milk): [2]** | | | | | | | | | | | | |
| 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225  226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250  251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275  276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300  301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325  326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350  351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375  376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400  401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425  426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450  451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475  476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500  501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525  526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550  551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575  576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600  601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625  626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650  651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675  676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700  701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725  726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750  751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775  776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800  801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825  826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 | | | | | | | | | | | | |

**NC Department of Public Instruction Office of School Nutrition**

**Special Milk Program**

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| **CONTINUATION PAGE FOR SMP DAILY MILK COUNT FORM FOR NONPRICING PROGRAM** | | | | | | | | | | | | |
| **Site Name:** | | | | | | | | |  | **Date of Service:** | |  |
| **SMP Milk Services:** |  | | **B** |  | **L** |  | **S** | **SN** | | |  | |
|  | |  | | | | | | | | | | |
| **FIRST MILKS** **SERVED TO CHILDREN** **(cross off number as each child receives a half pint of milk): [2]** | | | | | | | | | | | | |
| 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877  878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 890 891 892 893 894  895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921  922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948  949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975  976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002  1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024  1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046  1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068  1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090  1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112  1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134  1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156  1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178  1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200  1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222  1223 1224 1225 1226 1227 1228 1229 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314  1315 1316 1317 1318 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332 1333 1334 1335 1336  1337 1338 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 1349 1350 1351 1352 1353 1354 1355 1356 1357 1358  1359 1360 1361 1362 1363 1364 1365 1366 1367 1368 1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1380  1381 1382 1383 1384 1385 1386 1387 1388 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402  1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424  1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1440 1441 1442 1443 1444 1445 1446  1447 1448 1449 1450 1451 1452 1453 1454 1455 1456 1457 1458 1459 1460 1461 1462 1463 1464 1465 1466 1467 1468  1469 1470 1471 1472 1473 1474 1475 1476 1477 1478 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488 1489 1490  1491 1492 1493 1494 1495 1496 1497 1498 1499 1500 1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512 | | | | | | | | | | | | |

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| **CONTINUATION PAGE FOR SMP DAILY MILK COUNT FORM FOR NONPRICING PROGRAM** | | | | | | | | | | | | |
| **Site Name:** | | | | | | | | |  | **Date of Service:** | |  |
| **SMP Milk Services:** |  | | **B** |  | **L** |  | **S** | **SN** | | |  | |
|  | |  | | | | | | | | | | |
| **ADDITIONAL MILKS SERVED TO CHILDREN** **(cross off number as each child receives a half pint of milk): [3]** | | | | | | | | | | | | |
| 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114  115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139  140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164  165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189  190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214  215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239  240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264  265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289  290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314  315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339  340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364  365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389  390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414  415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439  440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464  465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489  490 491 492 493 494 495 496 497 498 499 500 | | | | | | | | | | | | |

**NC Department of Public Instruction Office of School Nutrition**

**Special Milk Program**

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| **CONTINUATION PAGE FOR SMP DAILY MILK COUNT FORM FOR NONPRICING PROGRAM** | | | | | | | | | | | | |
| **Site Name:** | | | | | | | | |  | **Date of Service:** | |  |
| **SMP Milk Services:** |  | | **B** |  | **L** |  | **S** | **SN** | | |  | |
|  | |  | | | | | | | | | | |
| **MILKS SERVED TO ADULTS (cross off number as each adult receives a half pint of milk): [5]** | | | | | | | | | | | | |
| 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53  54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86  87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114  115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139  140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164  165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189  190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214  215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239  240 241 242 243 244 245 246 247 248 249 250 | | | | | | | | | | | | |

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**Special Milk Program**