**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 the second page, we suggest printing this form front to back.

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 and 2 as applicable.

3. **Section [3]** - total number of additional milks served to children (cross out each number as a child receives an additional milk).

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.

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 School Nutrition Services**

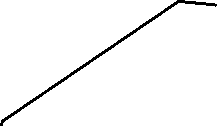
**Special Milk Program**

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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 Meals** 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 page 2) - 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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| **Second 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total Second Milks** | | | | | | | | | | | | | | | | |  | | | | | | | | **[3]** | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | |  | | |  | | |  | | | | |  | | | | | | | | | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **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 School Nutrition Services**

**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** | | |  | |
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| **First Meals** Served to Children **(cross off number as each child receives a half pint of milk): [2]** | | | | | | | | | | | | |
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