**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:** |  |
|  |
| **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 100101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [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).*** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Second Milks Served to Children:** | 1 2 3 4 5 6 7 8 9 10 11 1213 14 15 16 17 18 19 20 21 22 23 2425 26 27 28 29 30 21 32 33 34 35 3637 38 39 40 41 42 43 45 46 47 48 4950 51 52 53 54 55 56 57 58 59 60 6162 63 64 65 66 67 68 69 70 71 72 7374 75 76 77 78 79 80 81 82 83 84 85 | **Total Second Milks**   |  | **[3]** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |  | **Total Reimbursable Milks** =**[2+3]** |  | **[4]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Milks Served to Adults:** | 1 2 3 4 5 6 7 8 9 1011 12 13 14 15 16 17 18 19 20 | **Total Adult Milks** |  | **[5]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **By signing and dating below, I certify that the above information is true and accurate:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | **Signature** |  | **Date of Service** |  | **[6]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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** |  |
|  |  |
| **First Meals** 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 225226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 |