

**North Carolina Department of Health and Human Services
 Division of Public Health, Women's and Children's Health Section
 Special Nutrition Programs
 Summer Food Service Program**

MONTHLY MILK RECYCLED

Site Name: _____ Month: _____

Supervisor's Name: _____

DATE OF SERVICE	MEAL TYPE			DATE OF SERVICE	MEAL TYPE		
	B	L	S/SN		B	L	S/SN
<i>Example: 1</i>	5	3	8	16			
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			

- Fill in the corresponding information *Site Name, Month, and Supervisor's Name*
- **MILK RECYCLED:** Write the number of *Milk Recycled* that corresponds with the *Date of Service* and *Meal Type*.
Example: Date of Service was the 1st of the month and for B=Breakfast: 5 milks recycled, L=Lunch: 3 milks recycled, and S=Supper or SN=Snack: 8 milks recycled
 - *Milk Recycled* is only the number of milk served to a child first to meet meal pattern requirements on the date of service, yet the child returned the milk unopened to the appropriate holding facility (appropriate temperature must be maintained) and the site supervisor return the milk to the refrigerator for future use.

By signing below, I certify that the above information is true and accurate:

 Site Supervisor's Signature

 Date