

**KEY: Provide portions for age group representing majority of children.**

F/V: Full-strength juice or fruit or vegetable (Portion must be listed in cup measure.)

G/B: Grains/breads (Portion must be listed in ounces or grams, or if bread, by the slice.)

M: Milk (Portion must be listed in cup measure.)

O/F: Other foods

**ILLINOIS STATE BOARD OF EDUCATION**

Nutrition Department

100 North First Street, W-270

Springfield, Illinois 62777-0001

**BREAKFAST MENUS**

AGREEMENT NUMBER  ____ - ____ - ____ - ____ - ____		SPONSOR NAME AND ADDRESS	
<input type="checkbox"/> <b>Child and Adult Care Food Program</b>	<input type="checkbox"/> <b>Summer Food</b>		
Majority of children are ages: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12	CONTACT PERSON		TELEPHONE (Include Area Code)

Component (See key above.)	MENU			ISBE CORRECTION	MENU			ISBE CORRECTION	MENU		ISBE CORRECTION
	ITEM	PORTION			ITEM	PORTION			ITEM	PORTION	
F/V:  G/B:  M:  O/F:	Day 1				Day 2				Day 3		
	_____				_____				_____		
	_____				_____				_____		
	_____				_____				_____		
F/V:  G/B:  M:  O/F:	Day 4				Day 5				Day 6		
	_____				_____				_____		
	_____				_____				_____		
	_____				_____				_____		
F/V:  G/B:  M:  O/F:	Day 7				Day 8				Day 9		
	_____				_____				_____		
	_____				_____				_____		
	_____				_____				_____		
F/V:  G/B:  M:  O/F:	Day 10				Day 11				<b>ISBE USE ONLY</b>		
	_____				_____				_____		
	_____				_____				_____		
	_____				_____				_____		
								Date _____		ISBE-Approved Signature _____	
The menus have been approved with corrections noted. Any additional changes to the approved menus may make the meals ineligible for reimbursement.											