

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 and Wellness Programs Division
 100 North First Street, W-270
 Springfield, Illinois 62777-0001

BREAKFAST MENUS

AGREEMENT NUMBER _____ - _____ - _____		SPONSOR NAME AND ADDRESS	
<input type="checkbox"/> Child and Adult Care Food Program	<input type="checkbox"/> Summer Food		
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:	Day 1				Day 2				Day 3			
G/B:												
M:												
O/F:												
F/V:	Day 4				Day 5				Day 6			
G/B:												
M:												
O/F:												
F/V:	Day 7				Day 8				Day 9			
G/B:												
M:												
O/F:												
F/V:	Day 10				Day 11				ISBE USE ONLY _____ 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.			
G/B:												
M:												
O/F:												