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

	IENUS

AGREEMENT NUMBER AGREEMEN	NT NUMBER	SPONSOR N.	AME AND ADDRESS
Child and Adult Care Food Program	Summer Food		
Majority of children are ages:	CONTACT PERSON		TELEPHONE (Include Area Code)
☐ 1-2 ☑ 3-5 ☐ 6-12			

Component	MENU		ISBE	MENU ISBE		MENU		ISBE	
Component (See Key Above)	ITEM	PORTION	CORRECTION	ITEM	PORTION	CORRECTION	ITEM	PORTION	CORRECTION
	Day 1			Day 2			Day 3		
F/V:									
	Fresh kiwi	1/2 c		Apricot halves	1/2 c		Fresh banana	1/2 c	
G/B:	Cinnamon raisin bagel	.5 oz		French toast	1.1 oz		Whole grain oats cereal	1/3 c	
M:	Skim milk	3/4 c		Skim milk	3/4 c		Skim milk	3/4 c	
				Syrup	1 T				
O/F:	Cream cheese	1 T		Margarine	1 t		Water	3/4 c	
	Day 4			Day 5			Day 6		
F/V:									
	Fresh Orange slices	1/2 c		Apple sauce	1/2 c		Pineapple chunks	1/2 c	
G/B:	Pancake	.6 oz		English muffin	.5 oz		Toasted wheat bread	.5 oz	
M:	Skim milk	3/4 c		Skim milk	3/4 c		Skim milk	3/4 c	
O/F:	Maple apple sauce topping	1T		Jam	1T		Margarine	1 t	
	B7			B0			B0		
F/V:	Day 7			Day 8			Day 9		
F/V.	Fresh grapes	1/2 c		Fresh cantaloupe	1/2 c		Fresh strawberries	1/2 c	
G/B:	Plain granola bar	.9 oz		Cooked oatmeal	1/4 c		Waffles	.6 oz	
	Skim milk	3/4 c		Skim milk	3/4 c		Skim milk	3/4 c	
M:	Skill milk			Skill milk				1 T	
							Syrup	1 t	
O/F:							Margarine		
	Day 10			Day 11			ISBE USE ONLY		
F/V:	54, 10			54, 11			ISBE USE ONE!		
	Fresh banana	1/2 c		Mandarin oranges	1/2 c				
G/B:	Corn cereal	1/3 c		Blueberry muffin	.9 oz				
M:	Skim milk	3/4 c		Skim milk	3/4 c		Date ISBE Ar	oproved Signature	
							·		litional changes to
0.5	Water	3/4 c					The menus have been approved with correction the approved menus may make the meals inel	igible for reimburse	ment.
O/F									
	1			II.	1		II.		

ISBE 67-04B (2/12)

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

M/MA: Meat or meat alternate (portion must be listed in ounce weight)

F/V: Full-strength juice or fruit or vegetable (portion must be listed in cup mea sure) 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

LUNCH/SUPPER MENUS

AGREEMENT NUMBER AGREEMEN	IT NUMBER	SPONSOR NA	AME AND ADDRESS
Child and Adult Care Food Program	Summer Food		
Majority of children are ages: ☐ 1-2	CONTACT PERSON		TELEPHONE (Include Area Code)

Component (See Key	MENU		ISBE	MENU		ISBE	MENU		ISBE
Above)	ITEM	PORTION	CORRECTION	ITEM	PORTION	CORRECTION	ITEM	PORTION	CORRECTION
	Day 1			Day 2			Day 3		
M/MA:	Pizza - ground beef 1 oz, cheese 1/2 oz	1.5 oz total		Teriyaki chicken	1.5 oz		BBQ beef sandwich	1.5 oz beef	
F/V-1:	Fresh spinach salad	1/4 c		Stir fry vegetables	1/4 c		Coleslaw	1/4 c vegetable	
F/V-2:	Fresh grapes	1/4 c		Pineapple chunks	1/4 c		Cherry tomatoes	1/4 c	
G/B:	Crust of pizza	.5 oz		Fried rice	1/4 c rice		1 sandwich bun	.5 oz minimum	
M:	Skim milk	3/4 c		Skim milk	3/4 c		Skim milk	3/4 c	
O/F:	Ranch dressing	2 T							
	Day 4			Day 5			Day 6		
M/MA:	Hot turkey	1.5 oz		Tuna patty	1.5 oz fish		Chicken salad	1.5 oz chicken	
F/V-1:	Fruit cocktail	1/4 c		Green beans	1/4 c		Raw baby carrots	1/4 c	
F/V-2:	Roasted zucchini	1/4 c		Oven fries	1/4 c		Fresh broccoli	1/4 c	
G/B:	1 dinner roll Skim	.5 oz minimum		Breading on tuna patty	.4 oz minimum		Whole wheat crackers	.4 oz	
M:	milk Margarine	3/4 c		Skim milk	3/4 c		Skim milk	3/4 c	
O/F:	l	1 t		Ketchup / Tarter sauce	1 T each		Ranch dip	2 T	
	Day 7			Day 8			Day 9		
M/MA:	Salisbury steak	1.5 oz		Spaghetti with ground turkey meat sauce	1.5 oz turkey		Chicken fajitas	1.5 oz chicken	
F/V-1:	Peas and carrots	1/4 c		Fresh spinach salad	1/4 c		Grilled onions and peppers	1/4 c	
F/V-2:	Mashed potatoes	1/4 c		Fresh orange slices	1/4 c		Pears	1/4 c	
G/B:	Whole wheat bread	.5 oz		Garlic bread	.5 oz		Wheat flour tortilla	.5 oz	
M:	Skim milk	3/4 c		Skim milk	3/4 c		Skim milk	3/4 c	
O/F:	Gravy	2T		Italian dressing	1T		Salsa	1T	
	Day 10			Day 11	4.5		ISBE USE ONLY		
M/MA:	Beef burger	1.5 oz		Grilled chicken	1/5 oz				
F/V-1:	Apple sauce	1/4 c		Steamed broccoli	1/4 c				
F/V-2:	Green beans	1/4 c		Peaches	1/4 c				
G/B:	1 sandwich bun	.5 oz minimum		1 dinner roll	.5 oz minimum			pproved Signature	
M:	Skim milk	3/4 c		Skim milk	3/4 c		The menus have been approved with correction the approved menus may make the meals ine	ons noted. Any addi	itional changes to
O/F:	Ketchup / mustard	1 T each		Margarine	1 t		and approved menus may make the medis me	ngibie ioi reillibuisei	mont.

ISBE 67-04A (2/12)

 $\label{eq:KEY:Provide} \textbf{KEY: Provide portions for age group representing majority of children.}$

M/MA: Meat or meat alternate (portion must be listed in ounce weight)

F/V: Full-strength juice or fruit or vegetable (portion must be listed in cup mea sure) 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

SUPPLEMENT MENUS

AGREEMENT NUMBER AGREEMEN	NT NUMBER	SPONSOR NA	AME AND ADDRESS
Child and Adult Care Food Program	Summer Food		
Majority of children are ages: ☐ 1-2	CONTACT PERSON		TELEPHONE (Include Area Code)

Component (See Key	MENU		ISBE	MENU		ISBE CORRECTION	MENU	MENU	
Above)	ITEM	PORTION	CORRECTION	ITEM	PORTION	CORRECTION	ITEM	PORTION	ISBE CORRECTION
	Day 1			Day 2			Day 3		
M/MA:	Low-fat yogurt	1/4 c		Cheddar cheese slices	5 oz				
F/V:	Fresh apple slices	1/2 c					Orange juice	1/2 c	
G/B:				Wheat crackers	.4 oz		_Muffin square	.9 oz	
M:									
O/F:	Water	1/2 c		Water	1/2 c		Water	1/2 c	
	Day 4			Day 5			Day 6		
M/MA:		.		Peanut butter	1T				
F/V:	-			Fresh baby carrots	1/2 c		Fresh strawberries	1/2 c	
G/B:	Animal crackers	5 oz			_		Graham crackers	5 oz	
M:	Skim chocolate milk	1/2 c							
O/F:				Water	1/2 c		_Water	1/2 c	
	Day 7			Day 8			Day 9		
M/MA:	Peach yogurt	1/4 c			_		Low-fat cottage cheese	1/8 c	
F/V:	Pineapple juice	1/2 c		Vegetable juice blend	1/2 c vegetable		Peaches	1/2 c	
G/B:		·		Cheese flavored crackers	4 oz				
M:					_				
O/F:	Water	1/2 c		Water	1/2 c		Water	1/2 c	
		.			_				
	Dec. 40			D=11.44			ISBE USE ONLY		
M/MA:	Day 10			Day 11			ISBE USE ONLY		
F/V:		-		Fresh grapes					
G/B:	Oatmeal cookies	.6 oz		Soft pretzels					
M:	Skim milk	·		Soft preizers			Date IS	DE Appeared Cinn-t	
1 1	Эшн ник	1/2 c		Water				SBE Approved Signature	itional changes to
O/F:		-		- vaici	1/2 c		The menus have been approved with co the approved menus may make the mea	als ineligible for reimburse	ment.
		-			_				