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 Programs and Support Services (W-270)
100 North First Street
Springfield, Illinois 62777-0001

BREAKFAST MENUS

AGREEMENT NUMBER ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

SPONSOR NAME AND ADDRESS

☐ **Child and Adult Care Food Program** ☐ **Summer Food**

MAJORITY OF CHILDREN ARE AGES: ☐ 1-2 ☐ 3-5 ☐ 6-12

CONTACT PERSON

PHONE

Component (See Key Above)	MENU ITEM	Portion	ISBE CORRECTION	MENU ITEM	Portion	ISBE CORRECTION	MENU ITEM	Portion	ISBE CORRECTION
	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					
F/ V:									
G/B:									
M:									
O/F:									

- ISBE USE ONLY -

Date _____ ISBE Approved _____

The menus have been approved with corrections noted. Any additional changes to the approved menus may make the meals ineligible for reimbursement.

Reset Form Print