

ILLINOIS STATE BOARD OF EDUCATION

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

**Child and Adult Care Food Program
Monthly Milk Purchase Estimate**

Complete this worksheet at the beginning of each month to help plan how much milk your facility will need to purchase during the month. Read the instructions below and enter information in the yellow boxes, as applicable. The number of gallons of milk needed for the month will be reflected at the bottom of the page. Keep a copy of the completed form at your facility. ISBE monitors will request this form during reviews.

CACFP regulations require milk as a meal component for breakfast, lunch and supper. It is an optional component for snack. You must purchase enough milk for the number of meals you intend to serve with milk as a component.

1. ENTER FACILITY NAME

2. ENTER THE MONTH AND YEAR

3. Estimate the total number of meals served daily that require milk. Complete only those meal services applicable to your facility's operation.			Enter # of days in the month meals will be served		CACFP Required Ounces		Total Ounces
Age 1-2 Breakfast	_____	x	_____	x	4	=	_____
Age 3-5 Breakfast	_____	x	_____	x	6	=	_____
Age 6-12 Breakfast	_____	x	_____	x	8	=	_____
Age 1-2 Lunch	_____	x	_____	x	4	=	_____
Age 3-5 Lunch	_____	x	_____	x	6	=	_____
Age 6-12 Lunch	_____	x	_____	x	8	=	_____
Age 1-2 Supper	_____	x	_____	x	4	=	_____
Age 3-5 Supper	_____	x	_____	x	6	=	_____
Age 6-12 Supper	_____	x	_____	x	8	=	_____
4. Estimate the total number of meals served that do not require milk but for which you may serve milk as one of the required components on your menu. Complete for each age group and meal service applicable to your facility's operation.			Enter # of days in the month snacks will be served with milk		CACFP Required Ounces		Total Ounces
Age 1-2 AM Snack	_____	x	_____	x	4	=	_____
Age 3-5 AM Snack	_____	x	_____	x	4	=	_____
Age 6-12 AM Snack	_____	x	_____	x	8	=	_____
Age 1-2 PM Snack	_____	x	_____	x	4	=	_____
Age 3-5 PM Snack	_____	x	_____	x	4	=	_____
Age 6-12 PM Snack	_____	x	_____	x	8	=	_____
Total Ounces of Milk Needed for the Month							_____
Total Gallons of Milk Needed for the Month (128 ounces = 1 gallon)							_____