

Governor's School Breakfast Challenge Attestation

Due by April 25, 2025

Contact Information:

*Note: An attestation form is required for **each building** that completed the School Breakfast Challenge.*

LEA Name: _____

AUN: _____

Name of Building: _____

Building Number: _____

(as identified in CN PEARS)

Contact Person's Name: _____

Title/Position: _____

Email: _____

Phone Number: _____

By selecting the boxes below, I attest, the aforementioned building has met the criteria for the Governor's School Breakfast Challenge.

Note that all challenge criteria must be met (and checked) each month for the attestation to be considered complete.

January

Used the Breakfast Toolkit to promote breakfast to families and students.

Provided at least one breakfast promotion activity.

Formulated a plan with school administration to implement an alternative serving method.

OR

Not applicable if the building already offers an alternative breakfast serving method.

Besides milk, served at least **one** local food a week at breakfast.

Offered a hot breakfast (main item/entrée) choice a minimum of **two** times/week.

Offered high sugar items at breakfast no more than **three** times a week.

Uploaded one new picture of a healthy student breakfast to the LEA's/SFA's social media or website platform(s).

February

Used the Breakfast Toolkit to promote breakfast to families and students.

Provided at least one breakfast promotion activity.

Prepared to implement alternative serving method plan identified in January.

OR

Not applicable if the building already offers an alternative breakfast serving method.

Besides milk, served at least **one** local food a week at breakfast.

Offered a hot breakfast (main item/entrée) choice a minimum of **two** times/week.

Offered high sugar items at breakfast no more than **three** times a week.

Uploaded one new picture of a healthy student breakfast to the LEA's/SFA's social media or website platform(s).

March

Used the Breakfast Toolkit to promote breakfast to families and students.

Provided at least one breakfast promotion activity.

Implemented or piloted alternative serving method by the end of the month, according to plan identified in January. Describe alternative service method implemented in box below.

OR

Not applicable if the building already offers an alternative breakfast serving method. Describe alternative service method implemented in box below.

Besides milk, served at least **two** local foods a week at breakfast.

Offered a hot breakfast (main item/entrée) choice a minimum of **three** times/week.

Offered high sugar items at breakfast no more than **two** times a week.

Uploaded one new picture of a healthy student breakfast to the LEA's/SFA's social media or website platform(s).

All buildings that participate in the National School Lunch Program under the administration of the School Food Authority (SFA) must also be participating in the School Breakfast Program by the end of the month or are approved in CN PEARS to begin in April.

General:

Provide a testimonial statement from at least one student or parent on the value of free breakfast for all students (Limit 500 characters).

Indicate lesson(s) learned or best practice related to increasing participation while meeting Breakfast Challenge criteria. (Limit 500 characters).

As a separate attachment, provide recipe for most popular breakfast item. The recipe submitted cannot be fully processed or prepackaged item. The recipe must be made from scratch or speed scratch (which is removing some parts of the cooking process to make the process easier/quicker). Additionally, the breakfast item must be compliant with SBP nutrient standards and creditable.

Ensure that January, February, and March Claims are submitted in CN PEARS by May 13, 2025.

Submit this signed Attestation form and recipe to: RA-EDSBChallenge@pa.gov by April 25, 2025.

School Nutrition Director Name: _____

School Nutrition Director Signature: _____