



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
5 MEAL MENU TEMPLATE (7 DAY)

NAME OF CENTER/FACILITY							
YEAR		WEEK OF					
BREAKFAST	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Milk							
Vegetable, fruit, or portions of both							
Grain Indicate "WG" next to Whole Grain menu items or Meat/Meat alternate ⁵ (no more than 3 times per week at breakfast only)							
Other Foods							
SNACK AM Serve 2 of 5							
Milk							
Meat/Meat Alternates							
Vegetable							
Fruit							
Grain							
Other Foods							
LUNCH							
Milk							
Meat/Meat Alternates							
Vegetable							
Fruit							
Grain							
Other Foods							

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.

SNACK PM Serve 2 of 5							
Milk							
Meat/Meat Alternates							
Vegetable							
Fruit							
Grain							
Other Foods							
SUPPER							
Milk							
Meat/Meat Alternates							
Vegetable							
Fruit							
Grain							
Other Foods							

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.