



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MENU – USDA REQUIREMENTS FOR SHELTERS**

NAME OF CENTER/FACILITY \_\_\_\_\_

WEEK OF \_\_\_\_\_

YEAR \_\_\_\_\_

<b>BREAKFAST</b>	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Fluid Milk							
Juice, Fruit, or Vegetable							
Grains/Bread Component							
Other Foods							
<b>LUNCH</b>							
Fluid Milk							
2 Servings of Fruit and/or Vegetables							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							
<b>SUPPER</b>							
Fluid Milk							
2 Servings of Fruit and/or Vegetable							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							