



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

NAME OF CENTER/FACILITY _____

WEEK OF _____

YEAR _____

BREAKFAST	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Other Foods					
SUPPLEMENT <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
LUNCH					
Fluid Milk					
2 Servings of Fruit and/or Vegetables					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					



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

NAME OF CENTER/FACILITY _____

WEEK OF _____

YEAR _____

SUPPLEMENT <i>Serve 2 of 4 choices.</i>	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
<i>Other Foods</i>					
SUPPER					
Fluid Milk					
2 Servings of Fruit and/or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
SUPPLEMENT <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					