



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

NAME OF CENTER/FACILITY					
YEAR		WEEK OF			
<b>BREAKFAST</b>	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 <sup>5</sup> (no more than 3 times per week at breakfast only)					
Other Foods					
<b>SNACK AM Serve 2 of 5</b>					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					
<b>LUNCH</b>					
Milk					
Meat/Meat Alternates Meat, poultry, or fish or tofu, soy product, or alternate protein products					
Vegetable					
Fruit					
Grain					
Other Foods					

<b>SNACK PM Serve 2 of 5</b>					
<b>Milk</b>					
<b>Meat/Meat Alternates</b>					
<b>Vegetable</b>					
<b>Fruit</b>					
<b>Grain</b>					
<b>Other Foods</b>					
<b>SUPPER</b>					
<b>Milk</b>					
<b>Meat/Meat Alternates</b> Meat, poultry, or fish or tofu, soy product, or alternate protein products					
<b>Vegetable</b>					
<b>Fruit</b>					
<b>Grain</b>					
<b>Other Foods</b>					

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