



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

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