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	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[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 Meat, poultry, or fish or tofu, soy product, or alternate protein products						
Vegetable						
Fruit						
Grain						
Other Foods						

SNACK PM SERVE 2 OF 5					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					
SUPPER					
Milk					
Meat/Meat Alternates Meat, poultry, or fish or tofu, soy product, or alternate protein products					
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.