MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

AT-RISK SNACK & SUPPER MENU TEMPLATE (7 DAY)

NAME OF CENTER/FACILITY							
YEAR	WEEK OF						
	DATE	DATE	DATE	DATE	DATE	DATE	DATE
SNACK PM SERVE 2 OF 6							
MILK							
MEAT/MEAT ALTERNATES							
VEGETABLE							
FRUIT							
GRAIN							
OTHER FOODS							
SUPPER							
MILK							
MEAT/MEAT ALTERNATES							
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.