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

5 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[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								
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							
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.