

**South Carolina Department of Social Services • Child and Adult Care Food Program (CACFP)
5 DAY WEEKLY MENU FORM**

Facility's Name: _____		Month/Year: _____				
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Calendar Date						
Breakfast	Fluid Milk					
	Vegetable / Fruit					
	Grain or Meat / Meat Alternate					
	Additional Food					
AM Snack	Choose 2 of These 5: Fluid Milk					
	Vegetable					
	Fruit					
	Grain					
	Meat / Meat Alternate					
Lunch	* Main Dish	CN PF HM	CN PF HM	CN PF HM	CN PF HM	CN PF HM
	Fluid Milk					
	Vegetable					
	Fruit / Vegetable					
	Grain					
	Meat / Meat Alternate					
	Additional Food					
PM Snack	Choose 2 of These 5: Fluid Milk					
	Vegetable					
	Fruit					
	Grain					
	Meat / Meat Alternate					

* Key:	CN = Child Nutrition Label	PF = Product Formulation Statement	HM = Homemade (Include USDA recipe number, if applicable)	Water offered throughout the day
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