

**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											
PM Snack	Choose 2 of These 5:										
	Fluid Milk										
	Vegetable										
	Fruit										
	Grain										
	Meat / Meat Alternate										
Supper	* Main Dish	CN		CN		CN		CN		CN	
		PF		PF		PF		PF		PF	
		HM		HM		HM		HM		HM	
	Fluid Milk										
	Vegetable										
	Fruit / Vegetable										
	Grain										
	Meat / Meat Alternate										
	Additional Food										
Evening 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				