



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
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 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.