South Carolina Department of Social Services
Child and Adult Care Food Program (CACFP)

Weeks 1, 2 and 3

WEEKLY MENU FORM

Provider's Name: _____ Month/Year: _____

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Calender Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
	Total Number of Children Served							
Calender Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
	Total Number of Children Served							
Calender Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
	Total Number of Children Served							

Week 4 and 5

Provider's Name:_____ Month/Year:_____

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Calender Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
	Total Number of Children Served							
Calender Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
	Total Number of Children Served							

TOTAL FOR THE MONTH: _____