














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

Provider's Name: _____		Month/Year: _____					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Calendar Date							
PM Snack	 Choose 2 of These 4: Fluid Milk						
	 Fruit, Vegetable or Full Strength Juice						
	 Bread or Bread Alternate						
	 Meat or Meat Alternate						
Supper	 Fluid Milk						
	 Meat or Meat Alternate						
	 Vegetable or Fruit						
	 Vegetable or Fruit						
	 Bread or Bread Alternate(s)						
	*Additional Food (Optional)						
Evening Snack	 Choose 2 of These 4: Fluid Milk						
	 Fruit, Vegetable or Full Strength Juice						
	 Bread or Bread Alternate						
	 Meat or Meat Alternate						