



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
AT-RISK SNACK & SUPPER MENU TEMPLATE (7 DAY)

NAME OF CENTER/FACILITY					
YEAR	WEEK OF				
	DATE	DATE	DATE	DATE	DATE
SNACK PM SERVE 2 OF 6					
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.