

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
Breakfast	Calendar Date						
	Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate(s)						
	*Additional Food (Optional)						
AM Snack	Choose 2 of these 4: Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate						
	Meat or Meat Alternate						
Lunch	Fluid Milk						
	Meat or Meat Alternate						
	Vegetable or Fruit						
	Vegetable or Fruit						
	Bread or Bread Alternate(s)						
*Additional Food (Optional)							
PM Snack	Choose 2 of these 4: Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate						
	Meat or Meat Alternate						

DSS Form 1674 (SEP 98) Edition of OCT 91 is obsolete